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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. C. — THURSDAY, JANUARY 2, 1879. — NO. 1.

THE MEDICAL JOURNALS OF THE UNITED STATES.

BY J. S. BILLINGS, M. D., SURGEON UNITED STATES ARMY.

THE Boston Medical and Surgical Journal has now been issued for fifty years, and it is thought that some account of the medical journals which have appeared in this country to the present time will form a fitting and useful introduction to what it is hoped will prove to be the second half century of its existence.

The first number of this journal is dated February 19, 1828, and formed the continuation and consolidation of the *New England Journal of Medicine and Surgery* and the *Boston Medical Intelligencer*, the particulars with regard to which will be found in the list to be given at the end of these remarks.

The first editors of this journal were Drs. J. C. Warren, W. Channing, and John Ware. After these came Dr. Chandler Robbins and Dr. James Wilson, and in Vol. XI., 1835, the name of Dr. J. V. C. Smith appears on the title-page (MS. note of Dr. B. E. Cotting), the publication of the journal at the same time passing into the hands of Mr. D. Clapp as publisher.

At the time of its commencement there were in existence in the United States eight medical journals, namely: in Philadelphia, *The American Journal of the Medical Sciences*, *The American Medical Recorder*, *The Monthly Journal of Foreign Medicine*, *The North American Medical and Surgical Journal*, and *The Philadelphia Monthly Journal of Medicine and Surgery* (which ceased February 28, 1828); in New York, *The New York Medical and Physical Journal*; in Cincinnati, *The Western Medical and Physical Journal*; and in Lexington, Ky., the *Transylvania Journal of Medicine and the Associate Sciences*.

Prior to this time thirty-one medical journals had been commenced in the United States, twenty-three of which had suspended or merged in other journals.

The following table shows by quinquennial periods the number of medical journals which have commenced and ceased in this country, excluding those devoted to pharmacy and dentistry: —

Years, both inclusive.	Regular.		Homœopathic.		Botanic.		Eclectic.	
	Begun.	Closed.	Begun.	Closed.	Begun.	Closed.	Begun.	Closed.
1797-1802	2							
1803-1807	2							
1808-1812	6	5						
1813-1817	7	2						
1818-1822	13	14						
1823-1827	11	14						
1828-1832	12	10						
1833-1837	12	14	3	2	1	2	1	
1838-1842	17	5	3	1	6	5		
1843-1847	21	7	10	5	3	6	4	2
1848-1852	21	27	4	10	1	3	4	4
1853-1857	32	35	5	5		1	5	8
1858-1862	18	15	13	4			5	4
1863-1867	31	22	6	7			6	3
1868-1872	30	24	8	9			11	6
1873-1877	13	2	1				1	7
1878								1
Total.	250	196	53	43	19	19	42	35

The following mortality statistics of our medical journals will be found interesting :—

	No. of titles commenced.	No. of vols. commenced.	Only one No. issued.	Vol. I. not completed.	No. that did not go beyond Vol. I.	Not beyond Vol. II.	Current Number, 1873.
Regular	247	1680	10	21	61	39	53
Homœopathic	53	214	3	8	22	5	9
Botanic, etc.	21	91		4	5	9	
Eclectic	41	169	6	6	17	5	7
Popular	124	431	20	22	71	12	8
Pharmaceutical	25	167		3	9		8
Dental	33	137	1	6	10	4	7
Reprints	13	198	1	1	4		2

The preceding tables, if examined in connection with the following list of our medical journals as arranged by States, afford abundant material for comment and reflection, but it is believed that the limited space available can be more usefully employed in giving the list referred to than in pointing out the errors of those who are responsible for the existence of such a list. It is as useless to advise a man not to start a new journal as it is to advise him not to commit suicide.

As I have elsewhere remarked, the motive for the existence of the minor journals is not for direct profit, but as an indirect advertisement, or— and this is more common — the desire to have a place in which the editor can speak his mind and attack his enemies without restraint. How shall the would-be journalist be persuaded that no one except his personal acquaintances will care anything about his opinions, his praise, or his blame?

It will be found interesting to compare the geographical distribution of this class of publications, and to inquire why, for instance, Baltimore medical journals are so short-lived, why New England has produced so few in comparison with Ohio and Kentucky, etc., etc.

LIST OF MEDICAL JOURNALS OF THE UNITED STATES ARRANGED BY STATES.

✓ **ARKANSAS.** — The Arkansas Medical Record. Monthly. Conducted by J. I. Hall. Little Rock. Nos. 1-4, Vol. I. January to April, 1878. 8vo.

✓ **CALIFORNIA.** — The San Francisco Medical Journal. W. H. Miller, Editor. San Francisco. No. 1, Vol. I. January, 1856. 8vo. The California State Medical Journal. Quarterly. J. F. Morse, Editor. Sacramento. Vol. I. July, 1856, to April, 1857. 8vo. The Marysville Medical and Surgical Reporter. Quarterly. L. Hubbard and H. W. Teed, Editors. San Francisco. No. 1, Vol. I. November, 1858. 8vo. The Pacific Medical and Surgical Journal. Monthly. Edited by J. B. Trask and others. San Francisco. Vols. I.-IX. 1858-67. New Series, Vols. I.-XI. 1867-78. 8vo. Current. In 1865 absorbed the following, and added the words "and Press" to its title. The San Francisco Medical Press. Quarterly. Edited by E. S. Cowper. San Francisco. Vols. I.-IV. 1860-65. 8vo. Consolidated with the preceding. The California Medical Gazette. Monthly. Edited by T. Bennett and others. San Francisco. Vols. I.-II. July, 1868, to August, 1870. 4to. The Western Lancet. Monthly. Edited by E. Trenor and others. San Francisco. Vols. I.-VII. 1872-78. 8vo.

✓ **CONNECTICUT.** — The Monthly Journal of Medicine. Hartford. Conducted by an association of physicians. Vols. I.-VI. January, 1823, to December, 1825. 8vo. The American Annals of the Deaf and Dumb. Quarterly. Edited by L. Ray and others. Hartford. Vols. I.-XXIII. 1847-61. Washington, D. C. 1868-78. 8vo. The Quarterly Journal of Inebriety. Hartford. Vols. I.-II. 1876-78. 8vo.

✓ **DISTRICT OF COLUMBIA.** — The Register and Library of Medical and Chirurgical Science. Weekly. Edited by G. S. Pattison and J. Hagan. Washington. Vols. I.-II. 1833-36. 8vo. Vol. II. ends abruptly with page 440. The National Medical Journal. Quarterly. Washington. Edited by C. C. Cox and others. Vols. I.-II. 1870-72. Became monthly in Vol. II. No. 10, Vol. II., last published. National Medical Review. Walter S. Wells, Editor. Monthly. No. 1, Vol. I. December, 1878. Washington, D. C. 8vo.

✓ **GEORGIA.** — The Southern Medical and Surgical Journal. Monthly. Edited by M. Antony and J. A. Eve. Augusta. Vols. I.-III. 1836-39. New Series, Vols. I.-XVII. 1845-61. Third Series, Vol. I. 1866-67. 8vo. The Georgia Blister and Critic. Monthly. Edited by H. A. Ramsay and W. T. Grant. Atlanta. Vol. I., and No. 1, Vol. II. 1854-55. 8vo. Atlanta Medical and Surgical Journal. Monthly. Edited by J. P. Logan, W. F. Westmoreland, and others. Atlanta. Vols. I.-XVII. 1855-61, 1866-78. 8vo. The Oglethorpe Medical and Surgical Journal. Bi-Monthly. H. L. Boyd and others, Editors. Savannah. Vols. I.-III. 1858-61. 8vo. The Savannah Journal of Medicine. Bi-Monthly. Edited by J. S. Sullivan, R. D. Arnold, and others. Savannah. Vols. I.-IV. 1858-61. New Series, Vol. V. 1866. 8vo. The Georgia Medical and Surgical Encyclopedia. Monthly. Edited by H. N. Hollisfield and T. W. Newsome. Sandersville. Nos. 1-8, Vol. I. May to December, 1860. 8vo. The Semi-Monthly Medical and Surgical Journal. Edited by E. F. and J. J. Knott. Griffin, Ga. Nos. 1-4, Vol. I. 1871. 8vo. The Georgia Medical Companion. Monthly. Edited by T. S. Powell and W. T. Goldsmith. Atlanta. Vols. I.-II. 1871-72. 8vo. Continued as the following. The Southern Medical Record. Monthly. Atlanta. Vols. III.-VIII. 1873-78. 8vo. Continuation of preceding.

✓ **ILLINOIS.** — The Illinois Medical and Surgical Journal. Monthly. Edited by J. V. Z. Blaney. Chicago. Vols. I.-II. 1844-46. 8vo. Continued as the following. The Illinois and Indiana Medical and Surgical Journal. Bi-Monthly. Edited by J. V. Z. Blaney, D. Brainard, and others. Chicago. Vols. I.-II. 1846-48. 8vo. Continuation of the preceding, and continued as the following. The Northwestern Medical and Surgical Journal. Bi-Monthly. Edited by W. B. Herrick and J. Evans. Chicago. Vols. V.-XIV. 1848-57. 8vo. Continuation of the preceding, and continued as the following. The Chicago Medical Journal. Monthly. Edited by N. S. Davis and W. H. Byford. Chicago. Vols. XV.-XXXI. 1858-75. 8vo. Continuation of the preceding, and consolidated with the Medical Examiner, Chicago, forming the following. Vols. XXV. and XXVI. Semi-Monthly. The Chicago Medical Journal and Examiner. Edited by W. H. Byford and others. Chicago. Vols. XXXII.-XXXVII. 1875-78. 8vo. Current. Formed by the consolidation of the pre-

ceding with the Chicago Medical Examiner. The Northwestern Medical Intelligencer. Bi-Monthly. Chicago. 1851. 8vo. This alternated with the Northwestern Medical and Surgical Journal, of which it formed a part. The Chicago Medical Examiner. Monthly. Edited by N. S. Davis and E. A. Steele. Chicago. Vols. I.-XII. 1860-71. 8vo. Continued as the following. The Medical Examiner. Chicago. Semi-Monthly. Edited by N. S. and F. H. Davis. Vols. XIII.-XVI. 1872-75. 4to. In September, 1875, united with The Chicago Medical Journal, forming The Chicago Medical Journal and Examiner. The Military Tract Medical Reporter. L. S. and C. A. Lambert. Galesburg, Ill. Prospectus issued in August, 1871, but the journal never appeared. The Chicago Journal of Nervous and Mental Disease. Edited by J. S. Jewell and others. Chicago. Vols. I.-II. 1874-75. 8vo. Continued as the following. The Journal of Nervous and Mental Disease. Edited by J. S. Jewell and others. Chicago. Vols. I.-III., New Series. 1876-78. 8vo. Continuation of the preceding. The Medical Register and Advertiser. Quarterly. Edited by J. I. Hale. Anna, Ill. Nos. 1-2, Vol. I. 1875. 8vo. The Monthly Journal of the Southern Illinois Medical Association. Edited by C. W. Dunning and H. Wardner. Cairo. Vols. I.-II. 1877-78. Vol. I. in six numbers. Current. The Illinois Medical Recorder. Monthly. Edited by R. E. Beach. Published under the auspices of the District Medical Society of Central Illinois. Nos. 1-6. June to November, 1878. 8vo. Current. The American Medical Review and Index. Monthly. James I. Hale, Editor. Anna, Ill. Nos. 1-3. July to September, 1878. 8vo. Current.

✓ **INDIANA.** — The Indiana Medical Journal. Quarterly. Edited by W. H. Byford and H. Ronalds. Evansville. No. 1, Vol. I. 1854. 8vo. Running title of first signature is The Evansville Medical Journal, etc. The Indiana Journal of Medicine and Surgery. Monthly. Edited by J. Jackson and T. W. Forshee. Madison. No. 1, Vol. I. 1855. 8vo. The Indiana Journal of Medicine. Monthly. Edited by T. W. Stevens and others. Indianapolis. Vols. I.-VI. 1870-75. 8vo. After September, 1875, united with The Cincinnati Lancet and Observer. The Western Retrospect of Medicine and Surgery. Monthly. Edited by H. M. Harvey, H. A. Lewis, and others. Evansville. Vol. I. January to December, 1872. 8vo.

✓ **IOWA.** — The Western Medico-Chirurgical Journal. Monthly. Edited by J. F. Sanford and S. G. Armor. Keokuk. Vols. I.-II. 1850-53, No. 1, Vol. III. 1854. 8vo. The Iowa Medical Journal. Monthly. Edited by J. C. Hughes and W. R. Marsh. Keokuk. Five volumes. 1853-69. 8vo. The Iowa Catlin. Monthly. Edited by E. Lawrence. Osceola, Iowa. Nos. 1 and 2. April and May, 1878. 8vo.

✓ **KANSAS.** — The Leavenworth Medical Herald. Monthly. Edited by C. A. Logan, T. Sinks, and others. Leavenworth. Vols. I.-III. 1867-70. 8vo. Continued as the following. The Leavenworth Medical Herald and Journal of Pharmacy. Leavenworth. Vols. IV.-V. 1870-72. 8vo. Continuation of the preceding and succeeded by the following. The Medical Herald. Leavenworth. Vols. VI.-IX. 1872-75. 8vo. Continuation of the preceding.

✓ **KENTUCKY.** — The Transylvania Journal of Medicine and the Associate Sciences. Quarterly. Edited by J. E. Cooke and C. W. Short. Lexington, Ky. Vols. I.-XII. 1828-39. 8vo. The Louisville Journal of Medicine and Surgery. Quarterly. Edited by L. P. Yandell, H. Miller, and others. Louisville. Nos. 1 and 2, Vol. I. 1838. 8vo. January, 1840, revived, and consolidated with the Western Journal of the Medical and Physical Sciences, forming the following. The Western Journal of Medicine and Surgery. Monthly. Edited by D. Drake and L. P. Yandell. Louisville. Thirty-two volumes. 1840-55. 8vo. Continuation of the preceding and continued as the following. The Louisville Review. Monthly. Edited by S. D. Gross and T. G. Richardson. Louisville. Vol. I. 1856. 8vo. Continuation of the preceding. In January, 1857, united with The Medical Examiner, Philadelphia, forming the North American Medico-Chirurgical Review. The Western and Southern Medical Recorder. Monthly. Edited by J. C. Cross. Lexington. Vol. I. 1841-42. Nos. 1-4, Vol. II. 1843. 8vo. Merged in the Western Lancet. The Transylvania Medical Journal. Bi-Monthly. Edited by E. L. Dudley. Five volumes. 1849-54. Lexington and Louisville. Vol. III. is Vol. I. New Series. Title, The Kentucky Medical Recorder. The Louisville Medical Gazette. Bi-Weekly. Edited by L. J. Frazer. Louisville. Nos. 1-7, Vol. I. 1859. 8vo. The Semi-Monthly Medical News. Edited by S. M. Be-

miss and J. W. Benson. Louisville. Vols. I.-III. 1859-60. 8vo. Vols. II. and III. Title. The Monthly Medical News. The Louisville Medical Journal. Monthly. Edited by T. W. Colescott. Louisville. Nos. 1-6, Vol. I. 1860. 8vo. The Richmond and Louisville Medical Journal. Monthly. E. S. Gaillard, Editor. Louisville. Vols. VI.-XXVI. 1868-78. 8vo. Continuation of the Richmond Medical Journal. The American Practitioner. Formerly Western Journal of Medicine. Monthly. Edited by D. W. Yandell and T. Parvin. Louisville. Vols. I.-XVIII. 1870-78. 8vo. Current. The Louisville Medical Reporter. Weekly. Edited by J. L. Cook and others. Henderson. No. 1, Vol. I. 1874. 8vo. The American Medical Weekly. E. S. Gaillard, Editor. Louisville. Vols. I.-IV. 1874-76. 8vo. Continued as the following. Vol. II. is paged consecutively with Vol. I. The American Medical Bi-Weekly. E. S. Gaillard, Editor. Louisville. Vols. VI.-IX. 1877-78. 8vo. Continuation of the preceding. The Louisville Medical News. Weekly. Edited by R. O. Cowling and others. Louisville. Vols. I.-VI. 1876-78. 8vo. Current.

✓ *LOUISIANA.* — Journal de la Société médicale de la Nouvelle Orleans. Quarterly. Drs. Fortin, Daret, and others. New Orleans. Année I. 1839. 8vo. The New Orleans Medical Journal. Bi-Monthly. Edited by E. D. Fenner and A. Hester. New Orleans. Vol. I. 1844-45. 8vo. Continued as the following. The New Orleans Medical and Surgical Journal. Bi-Monthly. Edited by W. M. Carpenter, E. D. Fenner, and others. New Orleans. Vols. II.-XX. 1845-61 and 1866-67. 8vo. Consolidated with the Southern Journal of the Medical Sciences, forming the following. The New Orleans Journal of Medicine. Quarterly. Edited by S. M. Bemiss and W. S. Mitchell. New Orleans. Vols. XXI.-XXIII. 1868-70. 8vo. Continued as the following in 1873. The New Orleans Medical and Surgical Journal. New Series. Bi-Monthly. Edited by S. M. Bemiss. New Orleans. Vols. I.-IV. 1873-78. 8vo. Current. The Louisiana Medical and Surgical Journal. Title of a periodical projected in 1845, but never issued, the New Orleans Medical and Surgical Journal taking its place. The New Orleans Monthly Medical Register. Edited by A. F. Axon. Vols. I.-II. 1851-53. 8vo. In March, 1854, merged in The New Orleans Medical News and Hospital Gazette. L'Union médicale de la Louisiane. Monthly. C. Deléry, Editor. New Orleans. Vol. I. 1852. 8vo. The New Orleans Medical News and Hospital Gazette. Semi-Monthly. Edited by S. Choppin, C. Beard, and others. New Orleans. Vols. I.-VII. 1854-61. 8vo. Continued as the following. The New Orleans Medical Times. Monthly. Edited by A. Peniston. New Orleans. Nos. 1-3. 1861. 8vo. Continuation of the preceding. Journal de la Société médicale de la Nouvelle Orleans. Monthly. Edited by Dr. Thiery. Vol. I. Nos. 1-8, Vol. II. 1859-61. The New Orleans Medical Record. Semi-Monthly. Edited by B. Dowler and S. R. Chambers. New Orleans. Nos. 1-4, Vol. I. 1866. Royal 8vo. The Southern Journal of the Medical Sciences. Quarterly. E. D. Fenner, D. W. Brickell, and others. New Orleans. Vols. I.-II. 1866-67. 8vo. In January, 1868, consolidated with the New Orleans Medical and Surgical Journal, forming the New Orleans Journal of Medicine.

✓ *MAINE.* — The Journal of the Medical Society of the State of Maine. Hallowell. No. 1, Vol. I. January, 1834. 8vo. The Maine Medical and Surgical Reporter. Monthly. Edited by W. R. Richardson and R. W. Cummings. Portland. Vol. I. 1858-59. 8vo.

✓ *MARYLAND.* — The Baltimore Medical and Physical Recorder. Quarterly. Conducted by T. Watkins. Baltimore. Vol. I., and No. 1 of Vol. II. 1808-09. 8vo. The Baltimore Medical and Philosophical Lyceum. Quarterly. Edited by N. Potter. Baltimore. One volume. 1811. 8vo. The Vaccine Inquirer. Monthly. Baltimore. No. 1, February, 1822; No. 4, May, 1822; No. 5, 1824. Announced as monthly, but published at irregular intervals. The Baltimore Philosophical Journal and Review. Quarterly. Edited by J. B. Davidge. Baltimore. No. 1. July, 1823. 8vo. The Maryland Medical Recorder. Quarterly. Edited by H. G. Jameson. Baltimore. Vols. I.-III. 1829-32. 8vo. The Baltimore Monthly Journal of Medicine and Surgery. Edited by N. R. Smith. Baltimore. One volume. 1830-31. 8vo. The Baltimore Medical and Surgical Journal and Review. Quarterly. Edited by E. Geddings. Baltimore. Vols. I.-II. 1833-34. 8vo. Continued as the following. North American Archives of Medical and Surgical Science. Monthly. Edited by E. Geddings. Baltimore. Vols. I.-II. 1834-35. 8vo. Continuation of the preceding. The Maryland Medical and Surgical Journal and Official Organ of the Medical Department of the Army and Navy of the United States. Quarterly. Baltimore. Vols.

I.-III. 1840-43. 8vo. The Baltimore Journal of Medicine. Bi-Monthly. Edited by E. Warren. Baltimore. Nos. 1-3, Vol. I. January to May, 1861. 8vo. The Medical Bulletin. Semi-Monthly. Edited by E. Warren. Baltimore. Vols. I.-II. 1868-70. Folio. In 1871 merged in the following. The Baltimore Medical Journal. Monthly. Edited by E. L. Howard and T. S. Latimer. Baltimore. Two volumes. 1870-71. 8vo. In Vol. II. title changed to Baltimore Medical Journal and Bulletin. In January, 1871, the Bulletin merged in this. The Baltimore Physician and Surgeon. Monthly. Baltimore. Vols. I.-VI. 1872-76. 4to. The title of Vol. I., 1872-73, was The Physician and Surgeon. Maryland Medical Journal. Monthly. H. E. T. Manning and T. A. Ashby, Editors. Baltimore. Vols. I.-III. 1877-78. 8vo. Current.

MASSACHUSETTS.—The New England Journal of Medicine and Surgery and the Collateral Branches of Science. Quarterly. Boston. Vols. I.-XVI. 1812-27. 8vo. Continued as The Boston Medical and Surgical Journal, Vol. XVI., title, New England Medical Review and Journal. The Boston Medical Intelligencer. Weekly. Edited by J. V. C. Smith. Boston. Five volumes. 1823-28. 4to. Continued as The Boston Medical and Surgical Journal. The Boston Medical and Surgical Journal. Boston. Weekly. Ninety-nine volumes. 1828-78. 8vo. Current. Formed by consolidation of the two preceding. American Journal of Foreign Medicine. Monthly. Conducted by an association of physicians. Boston. No. 1, Vol. I. June, 1827. The Monthly Journal of Medical Literature and American Students' Gazette. Edited by E. Bartlett. Boston and Lowell. Nos. 1-3, Vol. I. January to March, 1832. 8vo. The Medical Magazine. Monthly. Edited by A. L. Peirson, J. B. Flint, E. Bartlett, and others. Boston. Three volumes. 1832-35. 8vo. The American Medical Almanac. Annual. Edited by J. V. C. Smith. Boston. Two volumes. 1839-40. 12mo. The New England Quarterly Journal of Medicine and Surgery, Edited by C. E. Ware and S. Parkman. Boston. Vol. I. 1842-43. 8vo. The Medical World. Weekly. Edited by J. V. C. Smith and E. S. Smith. Boston. Two volumes. 1856-57. 4to. The Berkshire Medical Journal. Monthly. Edited by W. H. Thayer and R. C. Stiles. Pittsfield. One volume. 1861. 8vo. The Journal of the Gynecological Society of Boston. Monthly. Edited by W. Lewis, H. R. Storer, and G. H. Bixby. Boston. Five volumes. 1869-72. 8vo.

MICHIGAN.—The Peninsular Journal of Medicine and the Collateral Sciences. Monthly. Edited by E. Andrews, A. B. Palmer, and others. Ann Arbor and Detroit. Vols. I.-V. 1853-58. 8vo. Continued as The Peninsular and Independent Medical Journal. The Medical Independent and Monthly Review of Medicine and Surgery. Edited by H. Goadby and others. Detroit. Three volumes. 1856-58. 8vo. Continued as The Peninsular and Independent Medical Journal. The Peninsular and Independent Medical Journal. Monthly. Edited by A. B. Palmer, M. Gunn, and F. Stearns. Detroit. Vols. I.-II. 1858-60. 8vo. Formed by consolidation of the two preceding in April, 1858. The Detroit Review of Medicine and Pharmacy. Monthly. Edited by G. P. Andrews and others. Detroit. Vols. I.-IX. 1866-76. 8vo. Merged in The Detroit Medical Journal. The Michigan University Medical Journal. Monthly. Conducted by the faculty of the medical department. Ann Arbor. Three volumes. 1870-73. 8vo. The Western Medical Advocate and Progress of Pharmacy. Quarterly. W. H. Lathrop, Editor. Detroit. Vols. I.-II. June, 1871, to June, 1873. 4to. The Peninsular Journal of Medicine. Monthly. Edited by H. F. Lyster and others. Detroit. Four volumes. 1873-76. 8vo. Consolidated with The Detroit Review of Medicine and Pharmacy, forming the following. The Detroit Medical Journal. Monthly. Edited by L. Connor and others. Detroit. New Series. Vol. I. 1877. 8vo. Consolidation of The Peninsular Journal of Medicine with The Detroit Review of Medicine and Pharmacy. The Detroit Lancet. Monthly. Edited by H. A. Cleland and L. Connor. Detroit. Vol. I. 1878. 8vo. Current. The Michigan Medical News. Semi-Monthly. J. J. Mulheron, Editor. Detroit. Vol. I. 1878. 8vo. Current.

MINNESOTA.—The Northwestern Medical and Surgical Journal. Monthly. Edited by W. B. Herrick and J. Evans. St. Paul. Vols. I.-IV. 1870-74. 8vo.

MISSOURI.—The St. Louis Medical and Surgical Journal. Monthly. Edited by M. L. Linton, W. M. McPheeters, and others. St. Louis. Nos. 1-9, 11, 12. Vol. I. 1843-44. No. 12, Vol. II. 1844-45. Vols. III.-XIX. 1845-61. Also, New Series. Vols. III.-

XV. 1866-78. 8vo. In September, 1848, The Missouri Medical and Surgical Journal was united with this. The Missouri Medical and Surgical Journal. Monthly. Edited by R. F. Stevens, J. N. McDowell, and others. St. Louis. Vols. I-IV. 1845-48. 8vo. In September, 1848, merged in the preceding. The St. Louis Probe. Monthly. Edited by H. J. Coons and J. R. Atkinson. St. Louis. Vol. I. 1850. 8vo. The St. Joseph Journal of Medicine and Surgery. Bi-Monthly. Edited by J. H. Crane, O. B. Knobe, and others. St. Joseph. Nos. 4, 5, Vol. I., March, May, 1859. Nos. 1, 2, 4, 5, Vol. II. September, November, 1859, March, May, 1860. Nos. 1-3, Vol. III., September, 1860, to January, 1861. 8vo. The Kansas City Medical and Surgical Review. Bi-Monthly. G. M. B. Maughs and T. C. Case, Editors. Kansas City, Mo. One volume. 1860. 8vo. The Medical and Surgical Pioneer. Monthly. Edited by J. Keller. Kansas City, Mo. Nos. 1, 2, Vol. I. 1866. 8vo. The St. Louis Medical Reporter. Semi-Monthly. Edited by J. S. B. Alleyne, O. F. Potter, and others. St. Louis. Vols. I-IV. 1866-69. 8vo. Merged in The Medical Archives. The Humboldt Medical Archives. Monthly. Edited by Pallen E. F. Smith, A. Hammer, and others. St. Louis. Vol. I., in six numbers. September, 1867, to February, 1868. Vol. II., in ten numbers, March to December, 1868. Vol. III., in twelve numbers, January to December, 1869. Vol. IV., in six numbers, January to June, 1870. Vol. V., in six numbers, September, 1870, to February, 1871. Vol. VI., in six numbers, March to August, 1871. Vol. VII., in six numbers, September, 1871, to February, 1872. Vol. VIII., in ten numbers, March to December, 1872. Vol. IX., in five numbers, January to May, 1873. After Vol. II., title, The Medical Archives. In September, 1869, the preceding merged in this. The Kansas City Medical Journal. Bi-Monthly. Edited by A. P. Lankford and others. Kansas City, Mo. Vols. I-V. 1871-75. 8vo. Became monthly with Vol. IV. Missouri Clinical Record. Monthly. Edited by W. A. Hardaway. St. Louis. Vol. I. 1874-75. 8vo. Continued as the following. St. Louis Clinical Record. Monthly. Edited by W. A. Hardaway. St. Louis. Vols. II-IV. 1875-78. 8vo. Current, Continuation of the preceding.

✓ NEW HAMPSHIRE.—The New Hampshire Journal of Medicine. Monthly. Edited by E. H. Parker. Concord. Vols. I-VIII. 1850-58. 8vo. Vols. VI-VIII, published at Manchester.

✓ NEW JERSEY.—The New Jersey Medical Reporter and Transactions of the New Jersey Medical Society. Quarterly. Edited by Joseph Parrish. Burlington. Vols. I-VIII. 1847-55. 8vo. Vol. V. became monthly. Continued as the following. The Medical and Surgical Reporter. Monthly. Edited by S. W. Butler. Burlington, N. J., and Philadelphia. Vols. IX-XI. 1856-58. 8vo. Vol. XI, and continuation published at Philadelphia. Current.

✓ NEW YORK.—A Journal of the Practice of Medicine, Surgery, and Pharmacy in the Military Hospitals of France. Published by order of the king. Reviewed and digested by M. De Horne. Translated by Joseph Browne. No. 1, Vol. I. New York. No date. 1783 or 1790. The Medical Repository. Quarterly. Conducted by S. L. Mitchell, E. Miller, and E. H. Smith. New York. Vols. I-XXIII. 1797-1824. 8vo. Slight change of title. The New York Medical and Philosophical Journal and Review. Semi-Annual. New York. Vols. I-III. 1809-11. 8vo. The American Medical and Philosophical Register. Quarterly. Conducted by David Hosack and John W. Francis. New York. Vols. I-IV. 1810-14. 8vo. Two editions of Vol. I. The New York Medical Magazine. Annual. Edited by V. Mott and H. M. Onderdonk. New York. Vol. I. (in two numbers). 1814-15. 8vo. The Medical and Surgical Register. Edited by J. Watts, Jr., V. Mott, and A. H. Stevens. New York. Vol. I. 1818-20. 8vo. The New York Medical and Physical Journal. Quarterly. Edited by J. W. Francis and others. New York. Vols. I-IX. 1822-30. 8vo. The New York Monthly Chronicle of Medicine and Surgery. By an Association of Physicians. New York. Vol. I. 1824-25. 8vo. The New York Medical Journal. Quarterly. Conducted by D. L. M. Pixotto, J. R. Rhineland, and J. J. Graves. New York. Two volumes. 1830-31. 8vo. The New York Medico Chirurgical Bulletin. Monthly. Edited by George Bushe. New York. Two volumes. 1831-32. 8vo. The United States Medical and Surgical Journal. Monthly. Edited by an Association of Physicians. New York. Vols. I-III. 1834-36. 8vo. After No. 2, September, 1834, published at New York and Philadelphia. The New York Journal of Medicine and Surgery. Quarterly. New York. Vols. I-IV. 1839-41. 8vo. The New York Medical Gazette.

Weekly. Published by W. Turner. New York. Vols. I.-II. 1841-42. 8vo. [The New York Lancet. Weekly. Edited by J. A. Houston. New York. Vols. I.-II., and Nos. 1-4, Vol. III. 1842-43. 8vo.] Albany Journal of Neurology. Monthly. By an Association of Physicians. Albany. No. 1, Vol. I. July, 1843. 8vo. The New York Journal of Medicine and the Collateral Sciences. Bi-Monthly. Edited by S. Forry and others. New York. Thirty-four volumes. 1843-60. 8vo. For continuation, see The American Medical Times. Vol. I. Third Series. In 1856, the words "and the Collateral Sciences" dropped from the title-page. The New York Medical Times merged in this journal. The American Journal of Insanity. Quarterly. Edited by medical officer of the New York State Lunatic Asylum, Utica, N. Y. Vols. I.-XXXIV. 1844-78. 8vo. Current. The New York Medical and Surgical Reporter. Bi-Weekly. Edited by C. T. Collins. New York. Vol. I., 1845-46, and Nos. 1-18, Vol. II., 1847. 8vo. The Buffalo Medical Journal. Monthly. Edited by A. Flint. Buffalo. Fifteen volumes. 1845-60. 8vo. In July, 1860, merged in The American Medical Monthly. The Annalist. Bi-Weekly. Edited by W. C. Roberts and N. S. Davis. New York. Three volumes. 1846-49. 8vo. Wood's Addenda to the Medico-Chirurgical Review. Quarterly. New York. Two volumes. 1847-49. 8vo. Also issued in somewhat different form as Wood's Quarterly Retrospect of American and Foreign Practical Medicine and Surgery. The New York Register of Medicine and Pharmacy. Semi-Monthly. Edited by C. D. Griswold. New York. Two volumes. 1850-51. 8vo. The Northern Lancet and Gazette of Legal Medicine. Monthly. Edited by F. J. D'Avignon and H. Nelson. Plattsburgh, N. Y. Vols. I.-XII. 1850-56. 8vo. Vols. IV.-VI., title, Nelson's Northern Lancet, etc.; Vols. VII.-XII., title, Nelson's American Lancet, etc. The New York Medical Gazette and Journal of Health. Weekly and Monthly. Edited by D. M. Reese. New York. Twelve volumes. 1850-61. 4to and 8vo. Vols. VI.-VIII., title, The American Medical Gazette and Journal of Health. Vols. IX.-XII., title, The American Medical Gazette. The New York Medical Times. Monthly. Edited by J. G. Adams and others. New York. Vols. I.-V. 1851-56. 8vo. Merged in The New York Journal of Medicine. New Yorker Medicinische Monatsschrift. Edited by J. Herzka, E. Krakowitz, and W. Roth. New York. Jahrg. I. 1852-53. 8vo. The American Medical Monthly. Conducted by Horace Green and others. New York. Vols. I.-XVIII. 1854-62. 8vo. The North American Medical Reporter. Quarterly. Edited by W. Elmer. New York. Vol. I. 1858-59. 8vo. The New York Medical Press. Weekly. Edited by J. L. Kiernan and W. O. Meagher. New York. Vols. I.-III. 1859-60. Royal 8vo. Four preliminary numbers were issued in 1858. In July, 1860, merged in The American Medical Times. The Buffalo Medical and Surgical Journal and Reporter. Monthly. Edited by J. F. Miner. Buffalo. Vols. I.-XVII. 1860-78. 8vo. Current. In Vol. II., 1860, the words "and Reporter" dropped from title. The American Medical Times. Weekly. Edited by Stephen Smith. New York. Vols. I.-IX. 1860-64. 4to. Continuation of The New York Journal of Medicine. In July, 1860, The New York Medical Press merged in this. Summary of Medical Science. Semi-Annual. Edited by W. S. Wells. New York. Part I. April, 1861. 8vo. American Journal of Ophthalmology. Bi-Monthly. Edited by J. Homberger. New York. Vol. I. 1862-63, and Nos. 1-2, Vol. II. 1864. 8vo.; Vol. II. became quarterly. Nord Americanische Deutsch' medizinische Zeitschrift für praktische Heilkunde. Bi-Monthly. Edited by W. Meisburger. Buffalo. Nos. 1-3. Vol. I. 1865. 8vo. The New York Medical Journal. Monthly. Edited by W. A. Hammond, E. S. Dunster, and others. New York. Twenty-eight volumes. 1865-78. 8vo. Current. The Medical Record. Semi-Monthly. Edited by G. F. Shradly. New York. Fourteen volumes. 1866-78. 4to. Current. Vol. X., 1875, became weekly. The Quarterly Journal of Psychological Medicine and Medical Jurisprudence. Edited by W. A. Hammond. New York. Vols. I.-III. 1867-69. 8vo. Continued as the following. The Journal of Psychological Medicine. Quarterly. New York. Vols. IV.-VI. 1870-72. 8vo. Continuation of the preceding. In July, 1874, the publication was resumed as The Psychological and Medico-Legal Journal. The Medical Gazette. Weekly. Edited by A. L. Carroll and others. New York. Vols. I.-VI., and Nos. 1-6. Vol. III. 1867-71. 4to. Revista médico quirúrgica y dentística de los Sres. Wilson y Gonzales. Quarterly. Nueva York. Nos. 1-3. Tom I. 1868. 8vo. The Physician and Pharmacist. Quarterly. Edited by G. J. Fisher and others. New York. Vols. I.-III. 1868-71. 4to. Continued as the following. The Physician and Pharmacist.

Quarterly. New York. Vols. IV.-XI. 1871-78. 4to. Current. Continuation of the preceding. The American Journal of Obstetrics and Diseases of Women and Children. Quarterly. Edited by E. Noeggerath, B. F. Dawson, and others. New York. Vols. I.-XI. 1868-78. 8vo. Current. The Archives of Ophthalmology and Otology. Semi-Annual. Edited and published simultaneously in English and German by H. Knapp, in New York, and S. Moos, in Heidelberg. New York. Vols. I.-VII. 1869-78. 8vo. Current. Vol. IV became quarterly. The American Journal of Syphilography and Dermatology. Quarterly. Edited by M. H. Henry. New York. Vols. I.-V. 1870-74. 8vo. The Medical World. Monthly. Edited by R. A. Vance. New York. One Volume. 1871-72. 8vo. Archives of Scientific and Practical Medicine and Surgery. Monthly. Edited by C. E. Brown-Séquard and E. C. Seguin. New York. Nos. 1-5. Vol. I. 1873. Royal 8vo. The Sanitarian. Monthly. Edited by A. N. Bell and others. New York. Vols. I.-VI. 1873-78. 8vo. Current. Archives of Electrology and Neurology. Semi-Annual. Edited by G. M. Beard. New York. Two volumes. 1874-75. 8vo. The Psychological and Medico-Legal Journal. Monthly. Conducted by W. A. Hammond and T. M. B. Cross. New York. New Series. Vols. I.-III. 1874-76. 8vo. For First Series see The Quarterly Journal of Psychological Medicine. Vol. III. 1875-76, title, The American Psychological Journal. Quarterly. Conducted by Allan McLane and others. Archives of Dermatology. Quarterly. Edited by L. D. Bulkley. New York. Vols. I.-IV. 1874-78. 8vo. Current. Proceedings of the Medical Society of the County of Kings. Monthly. Conducted by the Council of the Society. Brooklyn. Vols. I.-III. 1876-78. 8vo. Current. Archives of Clinical Surgery. Monthly. Edited by E. J. Birmingham. New York. Vol. I. 1876-77. 8vo. In October, 1877, united with the following, forming the Hospital Gazette and Archives of Clinical Surgery. The Hospital Gazette. Monthly. Edited by F. A. Lyons. New York. Nos. 1-6. Vol. I. 1877. 4to. In October, 1877, united with the preceding, forming the following. The Hospital Gazette and Archives of Clinical Surgery. Semi-Monthly. Edited by E. J. Birmingham and F. A. Lyons. New York. Four volumes. Whole series. 1876-78. 8vo. Revista mensual medico-quirurgica de Nueva York. A. de Tejada, Editor. Nueva York. No. 1, Vol. I. October, 1878. 8vo. Current. The New York Medical and Surgical Brief. Monthly. E. J. Fisk, Editor. New York. No. 1, Vol. I. November, 1878. 8vo. Current.

✓ NORTH CAROLINA.—The Medical Journal of North Carolina. Bi-Monthly. E. Warren, Editor. Edenton and Raleigh. Four volumes. 1858-61. 8vo. The North Carolina Medical Journal. Monthly. M. J. DeForrest and Thomas F. Wood, Editors. Raleigh. Vols. I.-II. 1878. 8vo. Current. The same was running title of preceding.

OHIO.—The Western Quarterly Reporter of Medical, Surgical, and Natural Science. Edited by J. D. Godman. Cincinnati. Vols. I.-II. 1822-23. Ohio (The) Medical Repository of Original and Selected Essays and Intelligence. Bi-Monthly. Edited by G. W. Wright and J. M. Mason. Cincinnati. Vol. I. 1826-27. Folio. Completed. Merged into the following in April, 1827. Western (The) Medical and Physical Journal. Original and eclectic. Monthly. Edited by Daniel Drake and Guy W. Wright. Cincinnati. Vol. I. 1827-28. No. 1, Vol. II. May, 1828. 8vo. No. 1, Vol. II, believed to be the last published. In April, 1828, the Western Journal of the Medical and Physical Sciences was commenced by Daniel Drake, and was subsequently represented and regarded as continuation of the above, the volume for April, 1828, to March, 1829, being reckoned Vol. II. of the periodical. Western (The) Journal of the Medical and Physical Sciences. Monthly. Edited by Daniel Drake. Cincinnati. Vols. II.-XII. 1828-38. 8vo. No. 1, Vol. XII. believed to be the last published. For Vol. I. see preceding. In 1835, The Western Medical Gazette merged in this journal, January 1, 1840, revived and consolidated with the Louisville Journal of Medicine and Surgery, forming Western (The) Medical Gazette. Semi-Monthly. Edited by Eberle and others. Vols. I.-II. 1832-35. 8vo. Completed. Suspended from September 1, 1833, to February 1, 1834. In 1835 merged into the preceding. Ohio (The) Medical Repository. Monthly. Edited by J. M. Mason. Cincinnati, Nos. 1-5, Vol. I. 1835-36. 8vo. Western (The) Quarterly Journal of Practical Medicine. Edited by John Eberle and others. No. 1, Vol. I. June, 1837. Cincinnati. 8vo. No more published. Western (The) Lancet. Devoted to medical and surgical science. Monthly. Vols. I.-XVIII. Cincinnati and Lexington, 1842-1857. After April, 1843. The Western and

Surgical Medical Recorder merged in this journal. In January, 1858, united with *The Cincinnati Medical Observer*, forming the *Cincinnati Lancet and Observer*. Ohio (The) Medical and Surgical Journal. Bi-Monthly. Edited by John Butterfield. Columbus. Vols. I.-XVI. 1848-64. 8vo. Completed. American (The) Psychological Journal. Devoted chiefly to the elucidation of mental pathology and the medical jurisprudence of insanity. Bi-Monthly. Conducted by Edward Mead, Cincinnati. One volume. 1853. 8vo. Completed. Prospectus for a new series to be published in Boston issued in 1874. Medical (The) Counsellor. A weekly gazette of the medical and physical sciences. R. Hills, Editor. Columbus, Ohio. Vols. I.-II. 1855-56. 8vo. Completed. The Ohio Medical Gazette was running title of this journal. Cincinnati (The) Medical Observer. Edited by G. Mendenhall, J. A. Murphy, and E. B. Stevens. Monthly. Vols. I.-II. 1856-57. 8vo. In January, 1858, united with *The Western Lancet*, forming the *Cincinnati Lancet and Observer*. Cincinnati (The) Medical News. Devoted to the dissemination of truth. Edited by A. H. Baker. Monthly. Vol. I, Nos. 1 and 2. Vol. II, August 15, 1858, November 15, 1859. Folio. Continued as the *Cincinnati Medical and Surgical News*. Belmont (The) Medical Journal. A monthly periodical published under the patronage of the Belmont Medical Society. Bridgeport, Ohio. Two volumes. 1858-60. 12mo. Completed. Cincinnati (The) Lancet and Observer. Edited by G. Mendenhall, J. Murphy, and E. B. Stevens. Monthly. Vols. I.-XXI. 1858-78. 8vo. Completed. Formed by consolidation of the *Cincinnati Medical Observer* with the *Western Lancet*. Consolidated with *The Clinic*, forming the *Cincinnati Lancet and Clinic*. Cleveland (The) Medical Gazette. A monthly journal for the advancement and review of the Medical Sciences. Edited by G. C. E. Weber. Vols. I.-III. 1859-61. 8vo. At end of Vol. I, consolidated with *Cincinnati Lancet and Observer*, but each journal retained its own name, and they were issued simultaneously. Columbus (The) Review of Medicine and Surgery. Edited by W. L. McMillen. Bi-Monthly. Nos. 1-5. Vol. I. August, 1860, to April, 1861. 8vo. Completed. Cincinnati (The) Medical and Surgical News. Edited by A. H. Baker. Monthly. Four volumes. 1860-63. 8vo. Completed. Continuation of the *Cincinnati Medical News*. Cincinnati (The) Journal of Medicine. Edited by G. C. Blackman, T. Parvin, and R. Bartholow. Monthly. Vols. I.-IV. Cincinnati, Ohio, and Indianapolis. 1866-69. 8vo. After No. 6 of Vol. II, title, *The Western Journal of Medicine*. For continuation see *The American Practitioner*. Cincinnati (The) Medical Repertory. Edited by J. A. Thacker. Monthly. Vols. I.-IV. 1868-71. 8vo. For continuation see *The Cincinnati Medical News*. Clinic (The). Edited by J. T. Whittaker. Weekly. Cincinnati. Fourteen volumes. 1871-78. 4to. Completed. Merged in *Cincinnati Lancet and Clinic*, July 1, 1878. Cincinnati (The) Medical News. Edited by J. A. Thacker and others. Monthly. Vols. I.-VII. 1872-78. 8vo. Continuation of *The Cincinnati Medical Repertory*. Ohio (The) Medical and Surgical Journal. Edited by J. H. Pooley. Bi-Monthly. New Series. Columbus. Vols. I.-III. 1876-78. 8vo. Ohio (The) Medical Recorder. Edited by J. W. Hamilton and J. F. Baldwin. Monthly. Columbus. Vols. I.-II. 1876-78. 8vo. Toledo Medical and Surgical Journal. Edited by J. Priest. Monthly. Vols. I.-II. 1877-78. 8vo. Cincinnati Lancet and Clinic. Weekly. J. C. Culbertson and J. G. Hyndman, Editors. No. 1. July 6, 1878. 8vo. Current. Formed by consolidation of *The Clinic* with *The Cincinnati Lancet and Observer*. The Obstetric Gazette. Monthly. E. B. Stevens, Editor. Vol. I. 1878. Cincinnati. 8vo.

OREGON.—*The Oregon Medical and Surgical Reporter*. Monthly. Edited by E. R. Fiske and H. Carpenter. Salem. Two volumes. 8vo. Completed. *The Oregon Medical Journal*. A quarterly journal of medicine and surgery. Published by the Marion Company Medical Society. Salem. Nos. 1-4. Vol. I. 1876-77. 8vo.

PENNSYLVANIA.—*The Philadelphia Medical and Physical Journal*. Quarterly. Collected and arranged by Benjamin Smith Barton. Vols. I.-III. 1804-09. 8vo. The Philadelphia Medical Museum. Quarterly. Conducted by John Redman Coxe. Seven volumes. 1804-11. 8vo. Completed. A subdivision of each number, entitled *Medical and Philosophical Register*, is, after Vol. II, pagged separately. *The Eclectic Repertory and Analytical Review*. Medical and philosophical. Quarterly. Philadelphia. Vols. I.-X. 1811-20. 8vo. For continuation see *Journal of Foreign Medicine*. *The Journal of Foreign Medical Science and Literature*. A continuation of the *Eclectic Repertory*. Quarterly.

Conducted by S. Emlen, Jr., and William Price. Vols. I.-IV. 1821-24. Philadelphia 8vo. The American Medical Recorder. Quarterly. Philadelphia. Vols. I.-XV. 1818-29. 8vo. Completed. Merged in the American Journal of the Medical Science, after No. 2, Vol. XV. Vols. VII.-XII., title, The Medical Recorder, etc. The Philadelphia Journal of Medical and Physical Sciences. Quarterly. Supported by an association of physicians, and edited by N. Chapman, W. P. Dewees, J. D. Goodman, and Isaac Hays. Fourteen volumes. 1820-27. 8vo. Continued as the American Journal of the Medical Sciences. The American Journal of Medical Science. Quarterly. Edited by Isaac Hays. Philadelphia. One hundred and two volumes. 1827-78. 8vo. The *Æsculapian Register*. Weekly. Edited by several physicians. Philadelphia. Vol. I. June 17 to December 9, 1824. 8vo. The Medical Review and Analectic Journal. Quarterly. Conducted by John Eberle and George McClellan. Philadelphia. Three volumes. 1824-26. 8vo. Completed Vols. II.-III., title, The American Medical Review and Journal of Original and Selected Papers in Medicine and Surgery. North American Medical and Surgical Journal. Quarterly. Conducted by H. L. Hodge and others. Philadelphia. Vols. I.-XII. 1826-31. 8vo. Completed. The Philadelphia Monthly Journal of Medicine and Surgery. Edited by N. R. Smith. Vol. I. and Nos. 1-3, Vol. II. 1827-28. 8vo. After February, 1828, merged in The American Journal of the Medical Science. The Monthly Journal of Foreign Medicine. Edited by S. Littell. Philadelphia. Vols. I.-III. 1828-29. 8vo. The Cholera Gazette. Weekly. Philadelphia. Nos. 1-16. Vol. I. July 11. No. 21, 1832. The American Lancet. Bi-Weekly. Edited by F. S. Beattie. Philadelphia. Nos. 1-7. Vol. I. 1833. American Cyclopædia of Practical Medicine and Surgery. A digest of medical literature. Philadelphia. Two volumes. 1834-36. 8vo. The American Medical Library and Intelligencer. A concentrated record of medical science and literature. Edited by G. S. Pattison and R. Dunglison. Philadelphia. Specimen sheet November, 1836. Continued as The American Medical Intelligencer. The Eclectic Journal of Medicine. Monthly. Edited by John Bell. Philadelphia. Vols. I.-IV. 1836-40. 8vo. The American Medical Intelligencer. A concentrated record of medical science and literature. Semi-Monthly and Monthly. Edited by Robley Dunglison. Philadelphia. Five volumes. 1837-42. 8vo. Continued as the Medical News and Library. Medical News and Library. Monthly. Philadelphia. Thirty-six volumes. 1843-78. 8vo. Current. A continuation of the preceding. The Medical Examiner. Bi-Weekly and Monthly. Edited by J. B. Biddle, M. Clymer, and W. W. Gerhard. Philadelphia. Vols. I.-VII. 1838-44. Royal 8vo. Vols. I.-XII. New Series. 1845-56. 8vo. In January, 1857, united with The Louisville Review, forming The North American Medico-Chirurgical Review. The Bulletin of Medical Sciences. Monthly. Edited by John Bell. Philadelphia. Four volumes. 1843-46. 8vo. Completed. Nordamerikanischer Monatsbericht für Natur und Heilkunde. Philadelphia. Four volumes. 1850-52. 8vo. The Philadelphia Medical and Surgical Journal. Semi-Monthly. Edited by James Bryan. Vols. I.-VI. 1853-58. 8vo. The Medical Reporter. A quarterly journal, published under the direction of the Chester and Delaware County Medical Societies. West Chester, Pennsylvania. Vols. I.-III. 1853-56. 8vo. The North American Medico-Chirurgical Review. Edited by S. D. Gross and T. G. Richardson. Bi-Monthly. Philadelphia. Vols. I.-V. 1857-61. 8vo. Completed, formed by consolidation of The Medical Examiner, Philadelphia, and the Louisville Review. The Medical and Surgical Reporter. A weekly journal. Edited by S. W. Butler and R. J. Levis. Philadelphia. Vols. I.-XXXIX. 1858-78. 8vo. Compendium of Medical Science. Half-Yearly. Edited by S. W. Butler, D. G. Brinton, and G. H. Napheys. Philadelphia. Eleven volumes. 1868-78. 8vo. The Photographic Review of Medicine and Surgery. A bi-monthly illustration of interesting cases, accompanied by notes. Edited by F. F. Maury and L. A. Duhring. Philadelphia. Two volumes. 1870-72. 8vo. Completed. The Medical Times. A semi-monthly journal of medical and surgical science. Edited by J. H. Hutchinson and J. Tyson. Philadelphia. Two volumes. 1870-72. Royal 8vo. Continued as the following. The Philadelphia Medical Times. A weekly journal of medical and surgical science. Philadelphia. Vols. III.-VII. 1872-1878. 8vo. Current. See The Medical Times, for Vols. I.-II. Vol. VI. became bi-weekly. The Medical Cosmos. A monthly abstract of medical science and art. G. J. Zeigler, Editor. Vol. I. Nos. 1-5. Vol. II. Philadelphia. 1871-72. 8vo. The Obstetrical Journal of Great Britain and Ireland: including midwifery and the diseases of women

and children. Monthly. Edited by J. H. Aveling and A. Wiltshire. With an American supplement, edited by Wm. F. Jenks. Philadelphia. Vols. I.-VI. 1873-78. 8vo. The Monthly Abstract of Medical Science. Philadelphia. Vols. I.-V. 1874-78. 8vo.

✓ **SOUTH CAROLINA.**—Charleston Medical Register. Annual, by David Ramsay. 1802. The Carolina Journal of Medicine, Science, and Agriculture. Quarterly. Conducted by T. Y. Simons and W. Michel. Charleston. Vol. I. 1825. 8vo. The Southern Journal of Medicine and Pharmacy. Bi-Monthly. Edited by J. L. Smith and S. D. Sinkler. Charleston. Vols. I.-II. 1846-47. 8vo. Continued as the following. The Charleston Medical Journal and Review. Bi-Monthly. Edited by P. C. Gaillard and H. W. De Saussure. Charleston. Vols. III.-XV. 1848-60. 8vo. Continuation of the preceding. The Charleston Medical Journal and Review. Quarterly. New Series. Edited by F. P. Porcher and R. A. Kinloch. Charleston. Vols. I.-IV. 1873-77. 8vo.

✓ **TENNESSEE.**—The East Tennessee Record of Medicine and Surgery. Quarterly. Edited by F. A. Ramsey. Knoxville. 1 Vol. 1852-53. 8vo. After May, 1853, merged in The Southern Journal of the Medical and Physical Sciences. The Memphis Medical Recorder. Bi-Monthly. Edited by A. P. Merrill, C. T. Quintard, and others. Memphis. Vols. I.-VI. 1852-58. 8vo. The Southern Journal of the Medical and Physical Sciences. Bi-Monthly. Conducted by J. W. King and W. P. Jones. Nashville and Knoxville. Vols. I.-VI. 1853-57. 8vo. In 1853, The East Tennessee Record of Medicine and Surgery merged in this Journal. In December No., 1857, The East Tennessee Medical Times announced as a continuation. The East Tennessee Medical Times. Announced by R. O. Currey in 1857, to be issued monthly as a continuation of the Southern Journal of the Medical and Physical Sciences, but never appeared, so far as I can learn. The Nashville Monthly Record of Medical and Physical Science. Edited by D. F. Wright, R. O. Currey, and others. Vols. I.-II, and Nos. 1, 2, Vol. III. 1858-60. 8vo. The Medical and Surgical Monthly. Edited by F. A. Ramsey. Memphis. Nos. 1-6, Vol. I, 1866. 8vo. The Nashville Journal of Medicine and Surgery. Bi-monthly and monthly. Edited by W. K. Bowling, P. F. Eve, and others. Nashville. Vols. I.-XXI. 1851-61. New Series, Vols. I.-XXI. 1866-78. 8vo. Current. Vol. II, became monthly.

✓ **TEXAS.**—The Galveston Medical Journal. Monthly. Greenville Dowell, Editor. Galveston. 5 vols. 1866-71. 8vo. The Texas Medical Journal. Monthly. Edited by J. D. Rankin. Galveston. Nos. 1-7, 10, Vol. I.; Nos. 2, 9, Vol. II.; Nos. 1, 2, 4, Vol. III.; Vols. V.-VII. 1873-78. 8vo. Current. Vol. III, became quarterly.

✓ **VERMONT.**—Vermont Medical Journal. Bi-Monthly. J. M. Currier, Editor. Burlington. Nos. 1, 2, Vol. I. 1874. 8vo.

✓ **VIRGINIA.**—The Stethoscope and Virginia Medical Gazette. Monthly. Edited by T. P. Atkinson, R. W. Haxall, and others. Richmond. Vols. I.-V. 1851-55. 8vo. Vols. IV.-V.; title, The Stethoscope. In January, 1856, united with The Virginia Medical and Surgical Journal, forming The Virginia Medical Journal. The Monthly Stethoscope and Medical Reporter. Edited by G. A. Wilson and R. A. Lewis. Richmond. Vol. I. Nos. 1-5, Vol. II. 1856-57. 8vo. The Virginia Medical and Surgical Journal. Monthly. Edited by G. A. Otis, and others. Richmond. Vols. I.-V. 1853-55. 8vo. Continued as the following. The Virginia Medical Journal. Monthly. Richmond. Vols. VI.-XIII. 1856-59. 8vo. Formed by the union of The Stethoscope with the Virginia Medical and Surgical Journal. Continued as the following. The Maryland and Virginia Medical Journal. Monthly. Richmond. Vols. XIV.-XVI. 1860-61. 8vo. Continuation of the preceding. The Confederate States Medical and Surgical Journal. Published under the auspices of the Surgeon-General C. S. A. Monthly. Vol. I. Nos. 1, 2, of Vol. II. January, 1864, to February, 1865. 4to. The Richmond Medical Journal. Monthly. Edited by E. S. Gaillard and W. S. McChesney. Richmond. Vols. I.-V. 1866-68. 8vo. Continued. The Richmond and Louisville Medical Journal, *q. v.* The Virginia Clinical Record. Monthly. Edited by J. S. Dorsey Cullen. Richmond. Vols. I.-III. 1871-74. 8vo. Virginia Medical Monthly. L. B. Edwards, Editor. Richmond. Vols. I.-V. 1874-78. 8vo. Current. The Southern Clinic. Monthly. Edited by C. A. Bryce and J. R. Wheat. Richmond. No. I, Vol. I, October, 1878. 8vo. Current.

✓ **WEST VIRGINIA.**—The West Virginia Medical Student. Monthly. J. E. Reeves, Editor. Wheeling. Vol. I. 1875-76. 8vo.

The following table shows by countries the number of medical journals and transactions received at the library of the surgeon-general's office and regularly indexed. This list does not include pharmaceutical, chemical, dental, veterinary, homœopathic, hydropathic, eclectic, or popular journal.

Countries.	Journals.	Transactions.
United States	57	60
Mexico	2	—
South America { Argentine Confederation	1	—
{ Brazil	4	—
{ Chili	1	—
{ Venezuela	1	—
Great Britain and Colonies	36	37
France	64	29
Germany	96	38
Belgium	10	12
Netherlands	7	5
Spain	21	1
Portugal	3	—
Italy	35	4
Switzerland	5	5
Russia	10	4
Sweden and Norway	6	2
Denmark	4	—
Turkey	2	—
China	1	1
Poland	6	3
Total	372	201

There are now in existence the following medical journals of equal or greater age than the Boston Medical and Surgical Journal, and a study of the causes why these have survived so long would be a valuable contribution to the literature of journalism, but this study cannot be undertaken here.

The Philadelphia Journal of the Medical and Physical Sciences. Philadelphia. 1820-27.

The American Journal of the Medical Sciences. Philadelphia. 1820-78.

Annales d'Hygiène publique et de Médecine légale. Paris. 1829-78.

Annali universali di Medicina. Milano. 1817-78.

Archives générales de Médecine. Paris. 1823-78.

Bibliothek for Læger. Kjöbenhavn. 1821-78.

Bullettino delle Scienze mediche, pubblicato per cura della Società medico-chirurgica di Bologna. 1829-78.

Gazette de Santé, contenant les nouvelles Découvertes sur les Moyens de se bien porter, et de guérir quand on est malade. Paris. 1773-1829. Gazette de Médecine de Paris; journal de Médecine et des Sciences accessoires. Paris. 1773-1878.

The Edinburgh Medical and Surgical Journal. Edinburgh. 1805-55. The Edinburgh Medical Journal; combining the Monthly Journal of Medicine with the Edinburgh Medical and Surgical Journal. Edinburgh. 1805-78.

Gemeinsame deutsche Zeitschrift für Geburtskunde. Weimar. 1826-32. Neue Zeitschrift für Geburtskunde. Berlin. 1834-52. Monatsschrift für Geburtskunde und Frauenkrankheiten. Berlin. 1853-69. Archiv für Gynäkologie. Berlin. 1826-78.

Journal de Chimie médicale, de Pharmacie et de Toxicologie. Paris. 1825-78.

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REPORT ON MALPRACTICE.¹

BY EUGENE F. SANGER, A. M., M. D., OF BANGOR.

THE aphorism that the burnt child dreads the fire applies with peculiar force to those of our profession who have had any experience with civil malpractice suits. The laws of our State permit the patient to sue the doctor at a nominal price, without any guaranty for costs, sufficient cause, or good faith; they virtually leave us at the mercy of the legal profession, who, under the pretext of malpractice, plunder the very men who give aid and comfort to the sick in times of need, without money and without price.

The common rumseller, against whom a special law exists on our statute books, has the protection of his patrons, which the surgeon does not enjoy, as the law on malpractice actually induces the patient to pounce upon his physician like a thief at night, and rob him of his good name, his property, and his means of doing good, though it may not in any way profit the patient.

I propose as my text my own experience, — an experience which applies to the medical profession alone, as the other professions and sciences are based upon laws and principles of right and accountability which the doctor knows not of, unless it may be the *right* of the irresponsible patient wantonly to sue the doctor without vouchers for

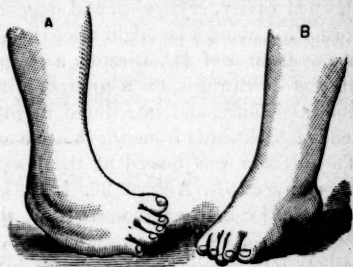
¹ A paper read before the Maine Medical Association, June 12, 1878.

costs and consequences, and the *accountability* of the doctor to relieve and restore all human ills and injuries which come under his observation. During the past few months I have wasted one whole month of my time in the court-house, and been put to more than \$2000 expense, to defend two of the simplest acts of surgery, for which I received ninety cents pay.

The first case, *Harriman v. Sanger*, was a case of congenital club-foot, or talipes equino-varus, in a child twelve months old, spastic or spasmodic in character, as is usual in this species of deformity. The operation was tenotomy of the tendo Achillis, or heel cord, and the use of the improved Scarpa shoe, with instructions to report from time to time, which the parents did not do. Six months afterwards, I voluntarily visited the child; found it running around, doing well, and furnished a second pair of shoes. Receiving pay neither for the shoes nor the operation, I discontinued my services until reimbursed.

I was sued for \$7000 because I cut the *sheath* of the tendon in tenotomy of the tendo Achillis, spilt a *few drops of blood*, discontinued my visits, and used the improved Scarpa shoe! The prosecution claimed that I should have adopted the Barwell and Sayre theory of paralysis of the peroneal muscles, used Sayre's shoe with rubber tubing, electricity, and made repeated visits. The parents and a jail-bird swore to the existence of paralysis, and three surgeons to the paralytic theory and treatment, but paralyzed their own evidence by admitting a total want of experience in the Sayre system, rubber tubing, electricity, and repeated visits.

Dr. Jewell, my assistant, the only surgeon who ever examined the child from birth to the time of the suit, testified to contraction of the heel cord, and to a skillful and successful operation. Paralysis of the peronei was not demonstrated at the trial. The Sayre shoe had not been used in the Massachusetts General Hospital, or Maine, prior to my operation, and the leading orthopædic authors, as Adams, Little, Brodhurst, Stromeyer, Guersant, Knight, Buckminster Brown, etc., did not sustain the Sayre theory. Crosby, of New York, Tewksbury, Hill, and Robbins, of this State, endorsed my treatment.



A. Condition of the feet May, 1871, at the time when I cut the heel cords and adjusted the improved Scarpa shoes. B. Condition of the feet November, 1871, when I dismissed the case because the parents did not reimburse me for money paid out. The posterior tibial tendon and plantar fascia still needed to be cut, to prevent a relapse and perfect a cure, which the parents neglected to have done, and sued me for their neglect five years afterwards.

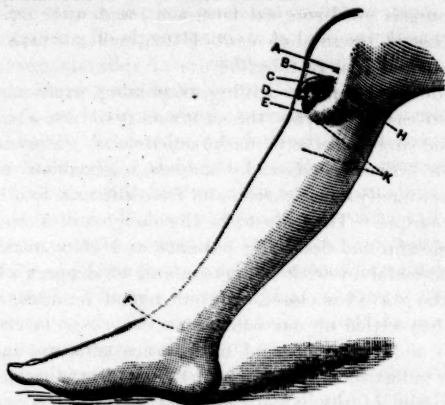
October 11, 1876, a month later, I was sued again for \$12,000, which swelled the attachments to \$19,000 on what little property I had. My bank account was trustee'd, which forced a bond from me to get a voice in the management of my private affairs. My second case, *Bowley v. Sanger*, was more frivolous, and yet more prolific in trouble and expense, as it was the last dying struggle of a conspired effort at my pocket. The first jury disagreed.

A scrofulous disease of the knee-joint, of many years' standing, had been aggravated by a blow from a stick of wood on the shin bone, below the tuberosity and back of the tubercle of the tibia, causing a diffuse abscess under the seat of the blow. The blow was received April, 1876, and the leg had been treated three or four months by three other physicians, without improvement, the last of whom had imperfectly lanced it over the knee-joint instead of at a more dependent part. The result was burrowing, infiltration, acrid pus, an imperfectly drained cavity, erysipelas, and danger of pyæmia. I was called August 12th, about a fortnight after the abscess had been lanced, and with the assistance of Dr. Weston, a surgeon of experience, slit open the abscess downwards, on a grooved director, cutting through the skin and fascia only, and introduced a cotton tent into a sinus which extended backwards from the bottom of the abscess towards the calf. The incision was forked at the lower end. I was dismissed twelve days afterwards, August 23, 1876, and was not permitted to see the leg again for fourteen months, until the day before it was amputated, November 5, 1877, for scrofulous disease of the knee-joint, commonly called white swelling. During this interval the knee had been treated with salves, poultices, and lotions only, and the patient with white swelling was permitted to run at large without even a splint to support the joint.

The next week after I was dismissed, a photograph was taken by Marston, at the attending surgeon's request, and, as Marston testified, an exaggerated view, to please the surgeon, who used very abusive language against me. I had cut out a piece of sound flesh, opened the knee-joint, let out the joint-water, and ruined the knee. It was a case of malpractice, and I could be made to pay. The writ alleged, in substance, the same.

Dr. Weston, my assistant, and the boarding master, an ignorant fellow, by name of Michael Finnegan, were the only persons present during the laying open and dressing of this abscess. Dr. Weston and I swore that not a particle of flesh was cut out. Finnegan swore that we cut out a piece two by three and one half inches, as you would cut the rot out of an apple, and flipped it into the wash-bowl. The photograph was used to sustain Finnegan, and the plaintiff's surgeons testified that it showed the loss of flesh and injury to the capsular

ligament of the knee; they believed a piece of flesh had been cut out because Finnegan said so. No photograph was taken the following winter, when my cut had entirely healed up, and no one ever saw the piece of flesh claimed to have been cut out.



A. Knee-joint. B. Point over the abscess where my predecessor made an opening, which was too small to discharge the matter, burrowing in the direction of D, E, K, and H; at K the leg was badly infiltrated and swollen; I extended his cut from B to D, and from C to E, and stretched the wound open with lint, as seen in the figure. Abscess improved rapidly. There still existed scrofulous inflammation of the head of the bone, which I proposed to trephine between B and C in a few days and save the joint, as I had done in similar cases, but was prevented by a suit for malpractice.

To disprove the cutting out of *any* flesh we took *their own* photograph, measured the width of the cut, which was one fourth of an inch, the length of the shin bone, which was four inches, and the estimated length of Bowley's shin bone, which was fourteen inches, and proved that the wound was not over seven eighths of an inch wide, which was less than the ordinary gaping of a simple incision three inches long. By measuring the width of the leg on the photograph, which was a little over one and a quarter inches, we proved that if the wound represented two inches of lost flesh, without allowing for gaping, Bowley was a monster twelve feet tall, with a leg as large as an elephant's, thirty-three inches around the calf. We proved that Bowley had been lame for years, and Dr. Folsom, his family physician, was threatened with a like suit, because he advised the attorney not to prosecute the Bowley suit, as it was an incurable case of white swelling of years' duration. We proved that Bowley said he had a "soft thing" on Sanger, the doctor said so; he meant to have some money; the cut did not amount to much.

The dissection of the leg by Dr. Bright, in the presence of Drs.

Jones, Morison, and Simmons, and the expert testimony of Drs. Hill, Tewksbury, Bates, Manson, Huckins, Shepard, Briggs, Bradbury, Coe, Preble, etc., all went to prove a case of caries of the bones of the joint, that Dr. Sanger did not injure or cut into the joint, but that his operation was good surgical treatment, and, after Dr. Sanger was dismissed, that an essential element of treatment to save the leg had been neglected, such as rest by the use of splints, extension, and the removal of diseased bone by drilling, trephining, excision, etc.

These two cases illustrate the extreme peril and danger, to the physician and surgeon, of civil malpractice suits. They illustrate the dangers from jealous rivals, tricky lawyers, impecunious and ignorant patients, from family conspiracies, and from the unholy alliance of the sachel and scalpel. They illustrate the dangers of successful operations on neglectful and designing patients, and of operations made to appear unsuccessful by wicked doctors, and of dangers which do not cease until the grave has closed over our mortal remains, and the administrator has settled up our estates.

The risks and temptations of malpractice suits are inconceivably great. The industrious, faithful, and thrifty doctor seems to be the legitimate victim of the lame, the blind, and the halt. The body must be made whole, whether from accidental injuries or constitutional diseases. As the broken-down merchant and speculator rushes to the faro bank and last bonanza to retrieve his broken fortunes, so the diseased and deformed use their calamities to gamble away the doctor's substance, forgetting that his patient care has saved whatever of life and limb they possess, and eager to kill the goose that laid the golden egg.

The doctor becomes the sacrificial offering of the ills to which flesh is heir, as well as the scape-goat of every willful violation of established physical laws. He must restore whatever he undertakes to repair. The artisan does not pretend to restore worn-out material, because he cannot create the material which he uses; so the surgeon, in patching the human body, cannot create the vital principles of assimilation and innervation, absorption and secretion, reproduction and decay, sensation and motion, contraction and reflex action. He may modify the functions and direct the forces of the body to a limited extent, but he has in the main to depend upon the "*vis medicatrix naturæ*."

Even nature cannot reproduce lost substances equal in structure, beauty, and usefulness to the original tissues, and some cannot be reproduced at all; much less can the physician and surgeon save life or prevent deformity. Every disease has its uniform per cent. of deaths, and every fracture and morbid growth its per cent. of shortening and deformity, which all the malpractice suits in the world cannot alter. We cannot apply the square and compass to the human frame. We

cannot be unerring in our judgment or avoid mistakes, because the varying factors of disease, diathesis, inheritance, and vocation are too numerous to admit of fixed conclusions or uniform action.

The irresponsible quack must surely displace the experienced and responsible surgeon, if patients claim the right to compel the doctor to defend himself against irresponsible attacks at his own expense, and test the surgeon's knowledge of the general principles of surgery and his skill in every operation by a suit at law. Unless the law which enables worthless patients, by simply paying the price of a writ, to keep the surgeon constantly under the charge of the sheriff or at the mercy of lawyers is abolished, we must step down and out.

I have collected, within the past month, a few of the threatened and instituted malpractice suits in our State. You will be startled with the number, and vow you will abandon the practice. You will thank a kind Providence for an exemption, and curse the legal facilities for ruining and blowing your profession to atoms, without the benefit of the clergy, at the behest of any worthless patient or misguided and unscrupulous lawyer.

I escaped prosecution for twenty-three years of hospital and private, civil and military, practice, but when the tornado struck it shook me from stem to stern; it made my hair stand on end and my voice stick in my throat. I did not literally lose a year's growth, but I lost more than a year of study and practice, from mental solicitude, which dwarfs body and mind.

There are about six hundred regular physicians in this State. During the short space of one month I received communications from one hundred and fourteen of them, from which I have collected seventy malpractice suits, fifty-five threatened suits, and fifty-eight exemptions. The latter were largely young physicians, or possessed but little available property. Not more than three or four who had been blackmailed responded, though I am knowing to quite a large number of such cases. Of those reported, only fifty-eight, or less than thirty-three per cent., escaped prosecution, threats, or the payment of smart money. The inference is that pride and fear of injury to reputation deterred a great many from answering my circular, and if we had received a full report we could show that hardly a practitioner of medicine, of experience and property, gets through with his professional career without some such infliction. All my cases are within the knowledge of the present generation.

Of the seventy who were sued for damages, ranging from \$1000 to \$25,000, six paid from \$100 to \$350 rather than be dragged into the court-house; three paid from \$25 to \$350, after one or more trials, rather than be kept there perpetually; and nine were cast in damages from \$103 to \$2000. The nine plaintiffs who settled, eight of the

nine who were awarded damages, and all but eight of those whose suits failed, were poor or worthless. Out of seventy prosecutions, the plaintiffs in sixty-one of them were unable to pay taxable costs, and very many were shiftless and dissipated. Only one in eight got a verdict. The nine who were paid something prior to a trial, or after one or more disagreements, aggregated only \$1950, but, as one tried his case six times, and two others twice each, and as none of the plaintiffs were able to pay taxable costs, it is probable that expenses absorbed the whole amount. The nine who got verdicts, amounting to \$5253, had long, repeated, and expensive suits, so that not over \$2000 remained for distribution. I doubt whether the patients received much of that, in view of the chances which the lawyers took of getting their pay by stripping our profession.

These suits for malpractice were brought for the following causes : Two for fracture of the thigh within the capsule of the joint, eight for fracture of the thigh, eighteen for fracture of the leg near or through the ankle, six of the elbow, three of the fore-arm, two of the wrist, one of the neck of the shoulder blade, and one of the knee ; two for dislocation of the thigh, two for dislocation of the elbow, two for amputation of the thigh, two for amputation of the leg, and two for amputation of the fore-arm ; two for hip disease, two for vesico-vaginal fistula, the result of tedious labor, one for osteosarcoma of the shoulder, one for incised wound of the foot, one for excision of the second joint of thumb after fearful laceration and injury of the hand, one for abscess, one for club-foot, one for ophthalmia, one for erysipelas and abscess, and one for inversion of womb. The amount sued for was \$423,640.

There were nine convictions, as follows: Grover, for amputation of the thigh \$2000 ; Dam, for fracture and amputation at the wrist, \$300 ; Chase's estate, for fracture of wrist, gangrene, and reamputation of the arm, \$200 ; Albee, for fracture of the arm, gangrene, and amputation, \$1000 ; Campbell, for fracture of the thigh, \$600 ; Prescott, for fracture of the tibia into the knee-joint, \$400 ; Bullard, for dislocation of the elbow, \$250 ; Tingley, for fracture of the thigh, \$103 ; Allen, for fracture of the leg, \$400.

There were nine settlements, as follows: one for vesico-vaginal fistula following labor, \$300 ; one for fractured thigh within capsule of joint, \$350 ; one fractured elbow, olecranon, \$100 ; one fractured wrist, after one trial and disagreement, \$350 ; one fractured neck of scapula, after six trials, \$125 ; one fractured neck of femur, after one trial, \$25 ; two fractured legs, \$300 each ; and one dislocation of the hip, \$100.

We will now consider the expense of the cases which resulted in acquittal, disagreement, or were never brought to trial. Taking thirty-

four suits as the basis of our estimates, sixty-one surgeons paid out more than \$43,000, which, with court and other expenses, aggregates more than \$100,000 wasted in speculative litigation. All but three or four were groundless actions, and would not have been brought if our state law did not actually offer a premium on malpractice suits.

I think I am safe in saying that my trials alone cost the county of Penobscot from \$2000 to \$3000, and me about as much more, making \$5000 to \$6000 actually thrown away or pocketed by the lawyers.

The class of cases prosecuted were of the most aggravating and dangerous character: congenital deformities, irremediable accidents, and incurable diseases, from which patients did not expect complete restoration, but were satisfied with relief from suffering and natural results, until tempted into prosecutions which would cost them nothing, but, if successful, would pay handsomely from the hard earnings of the physician, whom the law presumes to be the pension bureau of all human ills.

Fractures of the neck of the femur rarely result in bony union, average shortening is five eighths of an inch; fractured thighs and legs have an average shortening of half an inch to an inch and a half; fractured joints are always restricted in motion; amputations of the fore-arm, arm, leg, and thigh are followed by a mortality of twelve to ninety-nine per cent.; excisions of joints with a smaller per cent. than amputations. They are liable to muscular retractions, gangrene, necrosis, secondary hæmorrhages, deformities, secondary amputations, and death; vesico-vaginal fistula may occur in any tedious labor, with or without instruments; osteosarcoma is always fatal; hip disease is generally followed by shortening, and dislocations of the thigh are liable to extensive lacerations and imperfect results.

The largest verdict for damages in alleged malpractice was in the case of Dr. John Grover, of Bethel, amounting, with court costs, to \$2500, for "an error of judgment in not removing more of the limb," the moral of which is, in sawing off a leg, saw it off short. The patient had been afflicted with necrosis of the thigh bone for years, which necessitated amputation of the limb. Dr. Grover successfully amputated it. Conical stump and an extension of the disease called for a second amputation, which did not prove to be high enough to include all of the diseased bone; and, as the weakness of the patient would not admit of cutting off more bone at the time, it was left to a subsequent attempt when the patient had gained sufficient strength. Finally, Dr. Sweat amputated at the hip-joint with success.

Because of the retraction of the flaps and of the rapid extension of the diseased bone, Judge Wells, in his review of the case on exceptions for a new trial, arrived at the illogical conclusion that "nothing short of the entire removal of the bone at the hip would have saved life."

Necrosis and retraction of flaps are not an infrequent result of any amputation. The most eminent surgeons fail sometimes to determine the limit of diseased bone, through infiltrated and indurated tissues. Dr. Grover's second unsuccessful amputation prepared the way for Dr. Sweat's successful one, by the removal of most of the diseased bone, which had reduced the patient, and by giving tolerance to a hip-joint amputation. The average mortality at the place where Dr. Grover amputated is seventy per cent., and at the hip-joint ninety-nine per cent. It would have been foolhardy for Grover to have incurred the additional risk in the weakened condition of the patient, when there was only one chance in a hundred under the most favorable conditions. Judge Wells would not set aside the verdict, but remitted \$500 of the verdict, on the ground that the jury might have been unduly influenced.

I showed in my club-foot case that the parents waited nearly six years before bringing suit for damages, and I now shall show that the claim is good until the doctor's estate is administered upon, four years longer. The estate of Dr. Samuel Chase, of Mount Vernon, was sued, and \$2000 damages claimed for the amputation of the fore-arm, consequent upon the retraction of the flaps of a previous amputation, at the wrist, of a mangled hand. A verdict, including costs, of about \$1200 was rendered, which pauperized his widow and children.

Dr. Wm. Gallupe, of Bangor, was tried six times for fracture of the neck of the scapula, which cost him over \$2000. A worthless and drunken plaintiff set up the plea of an unreduced dislocation of the shoulder. There was much evidence on both sides, and the plaintiff ultimately settled for less than \$150, leaving his attorneys to the tender mercies of their own consciences.

Dr. I. Palmer, of North Anson, was sued, and damages claimed at \$2000 for services rendered to the plaintiff's wife, who died of osteosarcoma of the head of the humerus, which the plaintiff charged was an unreduced dislocation of the humerus. Although the plaintiff was one of the nine enumerated who were able to pay taxable costs, the defense cost the doctor over \$100 to prove that the wife died of incurable cancerous disease.

The surgeon is liable for extemporaneous dressings applied to injuries received *in transitu*. Dr. J. A. Parsons, of Windham, was sued three times, with damages claimed at \$8000, for setting a wrist broken by the accidental overthrow of a carriage while passing through his village. He dressed the injury temporarily, and requested the patient to call in the family physician on her arrival in Portland. The jury disagreed, standing ten for the doctor. Before a second trial the doctor paid \$350 rather than be annoyed with a successful defense,

which would have cost him more money than he paid to settle the suit, as the plaintiff was poor.

The law renders us liable to prosecution for the treatment of hereditary disease developed by exposure or accident. Drs. Emerson and Page were sued for morbus coxarius, or hip disease, developed in a boy injured by being thrown off a sled. They visited the boy two or three times; diagnosticated the case, and applied splints, which the father took off the next day. When the boy became of age he sued for \$1500 damages. This action was brought by one of the present bench of judges, and, although it was dropped, it cost the doctors about \$150.

We are made liable for incurable injuries, as fractures inside of the capsular ligament of the hip-joint. Dr. C. H. Rowell, of Fairfield, was sued for \$10,000 for this fracture, which the prosecution claimed was a dislocation, resulting in shortening and deformity. Verdict of \$1600 rendered, but a new trial was granted, and the doctor settled for \$25. Cost him \$250 to defend. Dr. G. P. Jeffards was sued for the same fracture, \$6000 damages being claimed. There was not any shortening, crepitation, or eversion at the time of the injury. Drs. Cooper and Brodie were once puzzled by a similar case. It resulted in less than two inches of shortening and a very useful limb. Case was referred, and resulted in a verdict against the doctor of \$350. He visited the case only three or four times.

The doctor is liable to prosecution for injuries from which he is dismissed before he has determined their nature. Dr. J. M. Small, of Lewiston, was sued for \$5000 damages for a compound fracture of the ankle-joint. He was dismissed on the second visit, before he had determined whether he could save the leg or not. Doctor prevailed. Cost the plaintiff \$2400. Plaintiff got a very good leg.

The doctor is liable to prosecution in case of injury from which he is dismissed before existing defects can be corrected. Dr. Joseph Springall was sued for \$3000 in case of fracture and contusion of the leg, near the ankle. Discharged on the third week. Shortening followed. Jury disagreed and case dropped. Cost the doctor \$300.

(To be concluded.)

RECENT PROGRESS IN OTOLOGY.

BY J. ORNE GREEN, M. D.

*Ossification-Defects of the Tegmen Tympani.*¹—Several investigations have been made of late to determine the cause of the defects in the ossification of the roof of the tympanum and of other parts of the skull. It is a well-known fact that, in a certain proportion of skulls, the tym-

¹ Archiv für Ohrenheilkunde, vol. xiv., page 15.

panic roof, which separates the tympanum from the brain, instead of being a continuous plate of bone, has one or more openings through it, often of considerable size, and as the result of this defective ossification the tympanic mucous membrane lies in direct contact with the dura mater. It is also an established fact that these openings are found wholly independent of any disease.

All authors agree that it is not possible to refer all of these cases to the same cause, and most of them consider that this condition of the bone is acquired and has been produced by resorption of a previous perfect bone. Jaenicke, however, thinks that in most cases it is a congenital anomaly. Hyrtl and Von Troeltsch think that the resorption of the bone has been produced by pressure from the tympanum, especially of air forced in by sneezing or by inflation. Bückner refers the resorption to pressure of the brain. In the cases in which the defective ossification is not congenital, Jaenicke thinks that it is due to an atrophy from age.

Flesch, after a thorough review of the opinions of these authors, concludes that the dehiscence of the tegmen tympani (as this condition has been named by Hyrtl) is in most cases the result of resorption at this spot, and that only in exceptional ones is it a congenital malformation; in the majority of cases it is due to an increase of pressure within the cranium; great development of the pneumatic cavities, the tympanum, and mastoid cells favor the occurrence of perforation of the tympanic roof.

Otitis Intermittens and Otalgia Intermittens. — In the year 1871 Weber-Liel described¹ two forms of ear disease dependent, as he thought, upon malarial poisoning: one, an inflammatory affection, which he called otitis intermittens; the other, a non-inflammatory affection, which he called otalgia intermittens. Weber-Liel's observations have recently been confirmed by Voltolini,² and Weber-Liel himself has given a more full account of the diseases as they have been observed by him.³ It would be extremely interesting to know if similar observations have ever been made in this country in the malarial districts.

Both varieties of the disease are referred by Weber-Liel to malarial neuralgia of the third branch of the fifth or trifacial nerve, the otalgia being a malarial neuralgia pure and simple, the otitis being an inflammatory affection, the expression of a vaso-motor trophic neurosis accompanying or produced by the neuralgic affection. "After the irritating influence of the malarial poison in the first fever has ended in a severe paroxysm of pain, simultaneously existing in all the branches of the trifacial and neighboring nerves, the malaria is shown for a considerable

¹ Monatsschrift für Ohrenheilkunde, No. 11, 1871.

² Monatsschrift für Ohrenheilkunde, No. 5 and No. 7, 1878.

³ Ibid., No. 5, 1878.

time longer in the form of a vaso-motor neurosis, as the effect of which there is injection of the tympanic blood-vessels and a collection of mucopurulent secretion in the tympanum."

The symptoms and course of the ear disease are thus given by Weber-Liel: Generally, although not always, there has been a preceding angina or naso-pharyngeal catarrh, when towards evening or in the night there is a chill, either marked, or perhaps so slight that it is scarcely noticed; this is followed by a feeling of fullness and roaring in the ears, and sometimes by vertigo and pressure in the head. The patient passes a restless night, with profuse perspiration, but on the next day is perfectly well, and the ear symptoms have passed off. Forty-eight hours or so after there is another chill, with shooting pains in the ears, deafness, and increased subjective noises, and examination of the ear often shows in this stage an exudation in the tympanum. As the stage of perspiration comes on after the chill, the patient falls asleep, to awake perfectly well, except that the subjective noises continue. If the exudation of the tympanum has ruptured through the drum membrane, the discharge, which was perhaps profuse during the night, ceases by morning, and all pain is relieved. Tenderness of the tragus, which was marked during the attack, is also relieved. Thus the attacks continue, following the quotidian or tertian type, with intervals of perfect freedom from all general symptoms, although the local symptoms in the ears increase in severity, and the intermissions, so far as the ear is concerned, become less and less marked, till finally the ear symptoms are a constant irritation. Usually but one ear is affected. The mastoid cells may gradually become involved and be filled with pus. Local treatment, even paracentesis of the drum membrane or perforation of the mastoid cells, affords only temporary relief to the constantly recurring attacks of pain. Neither the air douche, warm or cold applications, or morphine injections prevent the recurrence of the nightly pains. Quinine alone in large doses gives relief, and the earlier it is prescribed the more thorough and rapid is its action.

In these cases Weber-Liel asserts that he has found the spleen enlarged and tender. If the disease has continued for a long time, as it sometimes does even for months, till the local changes in the ear have become thoroughly developed, the quinine is then of no value. In all cases of subjective noises and tympanic catarrh, dependent upon malaria, large doses of quinine diminish the noises and deafness, he says, while in the common forms of the disease the same medication has the effect of increasing these symptoms very decidedly.

Weber-Liel has seen affections of the meatus, especially furuncles, showing a decided intermittent character, and has healed them rapidly by quinine; in these cases he thinks the disease is the expression also of a vaso-motor trophic neurosis, the result of a neurosis in the course of the trifacial nerve.

Voltolini has described several cases which showed a similar intermittent character, and which were only relieved by quinine. He also protests against the common method of giving quinine in large doses at once, but prefers to prescribe one or two grains every hour or every second hour; by this method he claims to have met with brilliant results. In obstinate cases of malarial disease he considers that the quinine should be taken for a long time; not, however, in frequent doses after the acute symptoms have been relieved, but four, three, or two times in the day, and this to be continued for some three months.

(To be concluded.)

PROCEEDINGS OF THE ESSEX NORTH DISTRICT MEDICAL SOCIETY.

THE quarterly meeting of this society was held in Haverhill, October 23d. Dr. W. H. Kimball, of Andover, president, in the chair.

Dr. G. M. Garland, of Boston, gave a demonstration of the system of pneumo-dynamics, so fully set forth in his book.

An interesting paper on the Embryology of the Lungs was read by Dr. C. D. Hunkin, of Haverhill; it was illustrated by microscopical specimens of Dr. Hunkin's own preparation. The following is an abstract:—

The embryological study of the lungs is best made from microscopic sections of the embryos procured from the eggs of the hen, as these are by far the easiest to obtain. The impregnated hen's eggs are to be placed in an artificial breeder. At the fiftieth or sixtieth hour of their development, they are to be opened, and the embryos removed. The embryos are to be hardened in absolute alcohol, and the sections washed in distilled water. After staining in a dilute solution of carmine they are to be made translucent by means of glycerine.

Of the three layers of cells by which the lungs of the embryo are surrounded, that called the middle is the most important for our consideration, since with the exception of the epithelium of the pleuræ and the cylindrical epithelium of the bronchi, it builds the substratum for the collective tissues of the lungs and pleuræ. A section on the level of the heart of an embryo, prepared as above, under the microscope discloses the first traces of the lungs as a pair of protuberances, lying symmetrically on both sides of and projecting from the primitive intestine, the so-called *Kopfdarm* of Remak. From an embryological stand-point, the lungs may be regarded as a thickened layer of the primitive vertebral cells,—as a double organ arranged uniformly on both sides of the intestine. . . . The epithelium of the lungs, since it plays not an inconsiderable rôle in the pathological conditions to which the lungs are liable, is worthy of consideration. In choosing the material for microscopic examination of the lung epithelium, the lungs of a dog, inasmuch as in them the alveoli are stronger and the epithelium is larger than in those of many other mammals, will be found most suitable.

The following are some of the points settled by investigations of recent date:

(1.) The normal lung alveolus has, during the extra-uterine as well as during the uterine life, a layer of epithelium which is continuous with the rest of the cells covering the bronchi and their branches. (2.) All epithelial forms are represented in the lungs. (3.) The cubic cells of the embryo alveolus may, without undergoing fatty degeneration, with the early acts of respiration, change to a form of polyhedral, flattened epithelium. The lungs have not a form of epithelium peculiar to themselves,—the amount of space in the alveoli at all times determining the form and size of the epithelium. (4.) The tissues of the lungs are liable to the same pathological conditions as similar tissues are in other parts of the body.

BROWNE ON THE THROAT.¹

MR. BROWNE, who has long been known as a throat specialist in London, has given us an excellent text-book as the result of his large experience. The book bears evidence throughout of personal familiarity with the subjects treated, which is more than can be said of many so-called hand-books.

Questions of purely pathological interest are not dwelt upon, it being the object of the author rather to afford a ready reference book for the general practitioner's aid in diagnosis and treatment. So it happens that in the way of examination and treatment comparatively little is said about methods, except such as the author himself approves and uses. The book is not an exhaustive treatise (this exhaustive work must now be done in this, as in other special fields, by monographs), but is a well-arranged presentation of the diseases of the throat and their treatment, such as a skilled clinical teacher would give in his lectures. The arrangement of the book is exceedingly good. After the preface and introductory come chapters on the laryngoscope and how to use it, the anatomy of the larynx, the laryngoscopic and rhinoscopic images, general semeiology of throat diseases, general therapeutics of throat diseases; then chapters on special diseases of the throat, a table to aid in differential diagnosis, a dozen or more pages of formulæ used by the author, and a short bibliography of systematic works of reference; and at the end one hundred excellent illustrations in color, drawn from nature, and on stone, by the author. We have not space to epitomize the different chapters, or to dwell upon their many excellences, but will indicate a few points which we feel will excite criticism.

A few pages are given to an outline of the anatomy of the larynx, in which we confess to be somewhat surprised to find that Mr. Browne considers that the upper aperture of the larynx is "closed by a kind of movable lid, the epiglottis," and that during deglutition "it [the epiglottis] closes firmly on the laryngeal orifice." No mention is made of the middle piece of the thyroid cartilage (Halbertsma, Luschka), a knowledge of which is perhaps of practical importance in the operation of thyrotomy.

¹ *The Throat and its Diseases.* With One Hundred Typical Illustrations in Color, and Fifty Wood-Engravings, designed and executed by the author. LENNOX BROWNE, F. R. C. S., Ed., Senior Surgeon to the Central London Throat and Ear Hospital, etc., etc. Philadelphia: Henry C. Lea. 1878. Pp. 351. Royal octavo.

The author is a decided advocate of vapor inhalations, and considers that though atomized fluid inhalations may be of value in pharyngeal and nasal affections, they are useless in affections of the larynx. He here repeats the physiological error in regard to the epiglottis by saying, "In point of fact, however, very little of the spray enters the larynx. The moment it impinges on the epiglottis, that valve closes tightly against the entrance of so foreign an intruder." His chief objection, however, to atomized fluids for the larynx is that they produce hyperæmia mechanically; but very few, we think, would agree that there is more mechanical irritation from spraying the larynx than from an application with the brush, of which the author approves.

We are glad to see that the posterior nasal douche is urged, instead of the anterior, for cleansing the nares. The importance of galvano-cautery in the treatment of the naso-pharynx receives due attention. Notwithstanding the weight of modern opinion at home and abroad, the author's clinical experience will not allow him to consider diphtheria and membranous laryngitis identical.

In the treatment of syphilitic stricture of the larynx, splitting and dilatation from below through the opening made by the operation of tracheotomy would appear to the author to offer much more hope than dilatation by bougies through the natural passage, which thus far cannot be said to have been followed by any great success.

In the treatment of tubercular laryngitis the author agrees with Dr. C. J. B. Williams that the greatest comfort may be given by appropriate local treatment.

The chapter on benign neoplasms in the larynx is short, but demands special notice on account of the reiteration in it of the author's radical views on the subject of operative treatment. The propositions which we quote below are certainly worthy of careful thought, though we may not feel the author justified in taking such extreme ground.

The propositions submitted for consideration are the following:—

(1.) Attempts at removal of growths from within the larynx are not in themselves so innocuous as is generally believed, but, on the contrary, direct injury of healthy parts of the larynx, leading to fatal results, is by no means of unfrequent occurrence.

(2.) The functional symptoms occasioned by benign growths in the larynx are in a large proportion of cases not sufficiently grave to warrant instrumental interference.

(3.) Many of these new formations will disappear, or be reduced by appropriate local and constitutional medical treatment, especially when of recent occurrence.

(4.) Recurrence of laryngeal growths after removal *per vias naturales* is much more frequent than is generally supposed.

(5.) While primary malignant or cancerous growths are of rare occurrence within the larynx itself, benign growths not unfrequently assume a malignant and even cancerous character by the irritation produced by attempts at removal.

(6.) The instruments most generally now in use are far more dangerous than those formerly employed.

Rev. 24 missing

(7.) And lastly, the cardinal law that "an extra-laryngeal method ought never to be adopted unless there be danger to life from suffocation or dysphagia" should be applied with equal force to intra-laryngeal operations, and it is a subject worthy of consideration whether, in many cases, tracheotomy alone might not be more frequently performed: (a) with a view of placing the patient in safety when dangerous symptoms are present; (b) in order that the larynx may have complete functional rest; and (c) as a preliminary to further treatment, radical or palliative.

In regard to the first proposition we admit that much injury may have been done to healthy parts of the larynx by unskilled hands, and by skillful ones too, when anxious to make a brilliant operation, or to get through with a case; but we do not indorse the belief of Dr. Jelenffy, which our author considers well founded, that one does not see much of the larynx after the instrument has entered it. We have been amazed and shocked at the reckless thrusting of instruments into the larynx after growths to which Mr. Browne refers, and think such methods utterly unjustifiable; but we also know that with patient training the larynx will usually tolerate a curved instrument resting upon the epiglottis, and remain open long enough for the operator to follow the point of his instrument to the affected spot. We do not believe that a careful operator will ever do serious injury to the healthy parts of the larynx. No mention is made, we believe, of local anæsthesia of the larynx, which may on rare occasions be used to advantage, though we admit there might be some danger of its doing local harm.

In regard to Proposition 2, we think that most laryngoscopists would be deterred from removing *any* disagreeable functional symptoms by operation only from considerations presented in Proposition 5.

Any new formation (3) which will disappear by "appropriate local and constitutional medical treatment" must be very small.

Liability to recurrence (4) depends, in the larynx as elsewhere, on the nature of the growth, the mode of removal, and the subsequent treatment of the seat of the growth.

Irritation (5) certainly seems to be a bad thing for some cases of apparently simple papilloma, but what the pathological history of such cases would have been without the irritation it is impossible to say. Certainly, if one sees a growth recurring as fast as he can remove it, he had much better let it alone, unless he can do a very radical operation.

We agree with the author (6) in condemning the use of clumsy steel forceps and other such instruments, but think that many safe instruments, that is, safe in careful hands, have been invented beside the guarded ring-guillotine of Stoerk.

One's opinion of Proposition 7 depends upon his opinion of the preceding propositions. Of the remarks in regard to tracheotomy, we heartily approve.

In the early forms of pharyngo-laryngeal cancer the author recommends galvano-cautery as a palliative treatment. The only disease for which removal of the larynx entire seems justifiable to the author is recurrent fibromata or sarcomata, for which it has been twice adopted, once by Bottini and once by Foulis. The latter's patient wears an artificial larynx, and has complete control of his voice.

In conclusion, we will only say that the more we look at this book the more satisfactory it seems, and we heartily recommend it to the general profession.

Excellent paper and large type add much to its value.

THE "TIDAL WAVE."

WE have frequently commented upon the extraordinary propensity for publishing medical journals, which has slowly developed itself in this country until the crop of rank and exuberant weeds bids fair to overrun the land, and kill out such taste as may exist for a healthy and permanent growth of periodical literature not depending for its sustenance upon the mold of some decaying school, society, or business interest. That we have hitherto fallen far short, in our estimate, of the extent to which this peculiar form of medical enterprise has been carried will be seen by a glance at the interesting and highly valuable statistics prepared by Dr. Billings, which we give in this week's issue.

We have thought it a not inappropriate occasion, in opening our one hundredth volume, to offer this retrospective glance to our readers, and hope that it may serve as a hint to the profession that a not unimportant factor in the educational problem is, for the lack of united, unselfish, and intelligent action, in a fair way to be discarded.

Until the close of the first quarter of the present century medical journals were few and far between, the parents of the Philadelphia quarterly and our JOURNAL being almost the sole representatives; about this time the success of the English periodicals in London and Edinburgh gave a new impetus to medical literature in this country, but it was not until the close of another quarter of a century that the morbid character of this movement fully developed itself. The reaction following the business depression of 1857 appears to have been favorable for the breaking out of what we can hardly call anything but an epidemic. The period of the war exerted but a temporary inhibitory influence upon the progress of the disease, and the subsequent "flush times" have enabled it to germinate into the proportions of a scourge. Since the war, it will be seen, over eighty new journals have been started, and over fifty have come to an untimely end. The advent of thirteen new journals during the past year alone shows that this tidal wave has not yet broken, but threatens to submerge us deeper still. A glance at the table giving the number of journals in other countries shows that we have nearly twice as many as Great Britain, but are far outnumbered by Germany, although we must remember that under this head two empires are included. France also is suffering from similar influences. A glance at this table will, we think, convince the reader that the value of a nation's periodical literature is in an inverse ratio to its quantity. Where can be found any journal to compare with the vigorous London weeklies for valuable and interesting reading? The medical science of the world is presented every week in its freshest form. On the other hand, the high scientific stand which Germany has taken is not reflected as it should be by its periodicals, which have steadily lowered their standard during the last

decade. We trust this article will serve a good purpose in helping to point the way to the attainment of a better system than the country now enjoys, one calculated to present to the world in a worthier form the great variety of excellent work produced by our leading men.

MEDICAL NOTES.

— We call the attention of our readers to the fact that the present number of the JOURNAL is enlarged to forty pages. During the past year, owing to the very crowded state of our columns, we have found it necessary frequently to increase the size to thirty-six pages. This shows a great addition to the amount of reading matter presented a year ago, when our numbers usually contained but twenty-eight pages. We shall continue to give enlarged editions from time to time, as occasion requires.

— We are glad to see that Dr. Dwight's valuable researches in the study and identification of the human skeleton have excited interest in London, as will be seen by reference to a recent leading article in the *British Medical Journal*, which says: "Of late years attention has been more directed to the minute points of histological anatomy, rather than to the great general outlines which are patent to the naked eye. We would not in any way depreciate the value of those researches which have recently contributed so much to our knowledge not only of the physiology but of the anatomy of the human body; still, we cannot but welcome a return to the older method of examination of objects without the help of a microscope, more particularly when, as in the present case, in the hands of a skillful observer, they afford us such useful and admirable results. . . . In this country, as in others, there must be many persons who, with time at their disposal, have access to large and carefully selected collections of human bones; to such persons, Dr. Dwight's essay should appeal with peculiar force, for it would show them what valuable results may be obtained by a little well-applied industry from sources which are to some extent available to most. Many interesting points could no doubt still be found by a careful comparison of a number of bones, and in working out these still other and more valuable questions would arise. In any case it would be well if, after the manner of Dr. Dwight, a more thorough and systematic attention were given to the individual bones which go to make up the collections to which each has access."

— Dr. Albrecht Gerth claims to have cured laryngeal catarrh by the administration of oil of turpentine in the form of an inhalation.

— The London *Lancet* mentions the assertion of a sanitary officer, namely, that when houses are reoccupied, after having been empty for some time, an outbreak of typhoid, diphtheria, or other zymotic affection often occurs. The cause is supposed to be an absence of water in the cistern and pipes, and the presence of foul air from the main sewer, and the closure of all windows and other means for the admission of pure air. The remedy suggests itself.

— The *Wiener medicinische Wochenschrift* reports an interesting episode which occurred at a recent medical meeting in Vienna. A certain Dr. Heller

then and there spoke as follows: "Without caustics, such as nitrate of silver, potassic hydrate, sulphuric acid, nitric acid, hydrochloric acid, chromic acid, Vienna caustic paste, chloride of zinc, and without pricking or scraping, — in short, without piercing, burning, or cutting, — I have treated my lupus cases for a number of years, and have cured them without leaving such scars as result from plastic operation. My process is based upon the endeavor to induce a spontaneous resorption of the lupus infiltration, and at the same time to improve the blood dyscrasia, without which cure is impossible. I believe that every case of lupus is curable by this method." Dr. Heller then exhibited a number of patients, who all bore cicatricial records of former treatment by Hebra, Kaposi, and Neumann, while their faces were clear and scarless on parts treated by Heller, but no photographs of the condition of patients before treatment were shown. When asked for more definite information regarding his plan of treatment, Dr. Heller replied in a hesitating, reluctant manner that he was not prepared to divulge his secret. A very lively exchange of opinions on this point was imminent when the chairman interposed in behalf of good order. Dr. Heller was invited to make known his great specific at the next meeting.

— Four hundred and seventy-six students matriculated at the London medical schools in October, — the total number of students being seven hundred and fifty-one.

— Says the *Berl. klin. Wochenschrift*: "A physician of Sangerhausen, in Thuringia, having occasion to prescribe for sleeplessness in a hysterical patient, wrote the following prescription: "℞. Chlorhydr. 15.0, tinct. opii 15, aquæ 60.0. M. A third part to be administered in the evening as an enema." The patient died, and a prosecution was instituted against the physician and the apothecary who dispensed his prescription. A *lapsus calami* had been committed on the part of the former, who omitted to put "gtt." after the "tinct. opii 15." The prescription was made up by a young unqualified pupil, who read the 15 to signify *grammes*, as the 15 of the chloral and the 60 of the water obviously did. A properly educated apothecary would have taken the prescription to the physician before dispensing it. The court sentenced the physician to one month's imprisonment, the apothecary to two months, and his pupil to three months.

— In a recent number of the *JOURNAL*, the description of the arrangement of water-closets for the nurses' department in the Johns Hopkins Hospital gave the impression that they are shut out from the external air; and so it would seem in looking at the foundations already laid, or in seeing the plans without an explanation of them. The water-closets are not open to direct sunlight, but they are ingeniously constructed so as to have the external air brought to them, being next to, and inside of, large shafts for air *open at the top and bottom*, and with a system of ventilation entirely independent, so that fresh air will constantly be passing into and through the water-closets, and out again through a central shaft, as if they were next to an external wall.

PHILADELPHIA.

— A movement is on foot to extend the sphere of usefulness of the Philadelphia County Medical Society by dividing it into sections, after the plan of the American Medical Association. This has the support of some of the leading members of the society, and a resolution has been adopted, appointing a committee of conference to wait upon the Pathological and Obstetrical Societies, which may be considered in one sense as outgrowths from the older society, and which would naturally find their interests materially affected by such a change. The project is considered a good one, and is indicative of the progressive spirit which has been infused into the County Medical Society during the last few years. Other such indications may have been noticed, such as the fact that the International Medical Congress of the centennial year owed its inception to this society, and its foundations for success were laid by the labors of a committee consisting principally of members of the County Medical Society. The incorporation of the society, the organization of a library for the use of its members, and the establishment of a mutual aid association have all been accomplished during the year that has just closed. The guiding spirit in these later progressive measures has been the learned and dignified president of the society, Dr. Henry H. Smith, late professor of surgery at the University of Pennsylvania, whose interest in the society and untiring efforts for its advancement were so generally recognized as to lead to his unanimous reelection when his first term of office expired.

— The Mutual Aid Association of the Philadelphia County Medical Society is the title of an organization framed upon the plan of two similar associations in New York. It was incorporated September 25, 1878, its object being purely a benevolent one, affording pecuniary aid to widows and orphans of such members as require it, as well as to such members as from long-continued illness or accident may be compelled to seek such aid. Only members of the Philadelphia County Medical Society are eligible to participate in the advantages of this society. The annual dues are two dollars; fifty dollars will create a life membership. The following specific provisions are made for destitute widows and orphans: "Every widow shall receive four hundred dollars per annum from the association; but for every ten dollars or multiple of ten dollars of income that she receives from any other source an amount equal to fifty per cent. of said income shall be deducted from the annuity.

"Every child entitled to relief shall receive one hundred dollars per annum, subject to the same reduction of fifty per cent. of income from other sources referred to in above section.

"Every child on arriving at the respective age" (boys sixteen, girls eighteen), "when the annuity ceases, shall receive fifty dollars (\$50) as an outfit.

"Where there are full orphans (without mother), then each case shall be especially investigated by the committee on benevolence, and the amount fixed by the standing committee on their report, according to the circumstances of the case."

When the income of the society shall warrant the increase, the annuity for widows is to be raised to five hundred dollars. "The earnings of a widow

or children by their own industry or exertion shall not be considered as income subjecting the annuity to deduction." The New York societies with a similar object have been very successful, and have accomplished in a quiet way a vast amount of good.

The establishment of some such relief organization appears to be peculiarly appropriate just at present, when the reports of the various dispensaries are coming in, which in stereotyped phrase congratulate their patrons "upon the rapid increase in the numbers of those seeking the benefits of your noble charity," etc., etc. One of the medical officers of such an institution, in referring to its flourishing condition, recently remarked with pride, "Not only are the numbers increased, but there is a much better class of people coming than formerly." When the rich attend (which sometimes happens), the felicity of the attachés must be complete. The great amount of advertisement by the public press and by the circulation of the reports, and the cheap reputation for benevolence that a physician obtains by his connection with such institutions must be considered very advantageous, for a dispensary doctor said a few days ago, while acknowledging the evils of the system, "It is true that it cheapens medical advice, and pauperizes the community, and it ought to be changed, but what can I do? If I resign to-day, there will be a hundred applicants for my position to-morrow."

In 1876 there were forty-four public medical dispensaries in Philadelphia; doubtless there are more now. Besides, there is an indeterminate number of private and special dispensaries, as well as the dental dispensaries, where surgical operations are performed and treatment prescribed.

The hospitals of Philadelphia at present number forty, according to the statement of a member of the State Board of Charities, this including a few like the Howard Hospital and the Charity Hospital, which have no accommodations for resident patients, and are simply dispensaries. In these hospitals there are now over eleven hundred empty beds; or, in other words, five hospitals the size of the Pennsylvania Hospital might now be closed to the public without being missed by the community!

The question has been asked, Is it not high time that some decisive step should be taken by the profession, in view of the alarming abuse of medical charities? And in truth an investigation of the whole subject is now being made by a special committee of the County Medical Society, which promises an early report. May wisdom guide their counsels.

The laborer is worthy of his hire, but if the efforts of those who persistently saw away at the branch that supports them prove successful, the currency value of a physician's services will soon be an unknown quantity, to be represented only with the aid of the metric system, perhaps as a dynamized centesimal dilution of nothing at all. By all means hasten the millennium.

LETTER FROM PHILADELPHIA.

MR. EDITOR, — The Philadelphia Society for organizing Charitable Relief and repressing Mendicancy is the expressive title of a comprehensive charitable organization, projected by a number of our benevolent citizens as long ago as last March, but which lately has made rapid progress towards practical working, and has received general commendations and support from all classes. The first annual meeting of this society was recently held in this city, at which ex-Mayor Fox presided, and its objects and aims were expounded by Governor Hartranft and many of our leading citizens.

In endeavoring briefly to give an outline of the plan of organization, it may be premised that the method of relieving distress and pauperism that has grown up with the city has proved very inefficient for a number of years. The growth and consolidation of the city have been accompanied by a corresponding increase in the number of charitable organizations, acting independently of each other, which tended directly to encourage imposture by their inability to trace their beneficiaries. In one of the suburban wards of the city, however, a systematic plan was adopted some five years ago, modeled upon the London Charity Society, which has proved eminently satisfactory in its working, and has become somewhat celebrated as the Germantown plan. In this scheme a central administration is made to examine into the claims of every applicant for relief before aid is extended. Private charity is expected to flow through this channel, and indiscriminate giving, especially to street beggars, is strongly discountenanced. The organization also acts to some extent as a labor bureau, and endeavors to provide the poor with work. These are the salient points of the plan which, proving successful elsewhere, is now to be tried on a large scale in an organization civic in extent, when completed, and which more than half of the city has already agreed to adopt. A committee, including the mayor of the city, and the heads of various municipal departments, — the Board of City Trusts, Prison Inspection, Board of Health, Guardians of the Poor, — with seventy citizens, constitutes the controlling element called the Central Board. The officers of the society proper consist of a president, three vice-presidents, secretary, and treasurer. In addition to this there are subordinate ward associations, each with a superintendent, and a corps of lady visitors, and administrative offices at convenient localities, where records are kept of each case and the result of inquiry, etc. In order to interest every one in the scheme, the annual contribution from members of ward associations was set at one dollar, but bequests and donations are also needed. As it is estimated that more than four millions of dollars are annually spent in charity in the City of Brotherly Love, it is believed that this organization will not only find plenty of work to do, but will also have an abundance of means.

The relationship of this to medical matters will be recognized when we mention the fact that it will lead to a supervision of our three hundred and more dispensaries; but more directly will it affect their practice by requesting them not to extend medical aid a second time to the same individual unless he shall bring with him a certificate from the ward superintendent declaring him to be deserving. If the medical profession has any influence with the medical

officers of these greatly abused charities, this plan may prove a simple method of solving that vexed problem.

Mr. Callender, of St. Bartholomew's Hospital, London, is in this city, where it is said he expects to remain until February next, his engagements being partly professional and partly social.

At the Pennsylvania Hospital on Saturday last, in the presence of Mr. Callender and others, Dr. Thos. G. Morton did his third amputation at the hip-joint, being the eighth that has been performed at the hospital (the first having been by Prof. Jos. Pancoast in 1853 or 1854, in a case of so-called encephaloid cancer of the femur, the man living for a year afterward, but ultimately dying from a return of the disease in the lungs). Dr. Morton's cases have all been reamputations for disease of the bone (osteo-myelitis), and both of the preceding cases are living. The first was one of gun-shot injury in the Franco-Prussian war, upon whom the hip amputation was performed in 1867. This case was also shown at the clinic, and the patient stated that he weighed thirty pounds more than he ever did with both of his legs on. Dr. Morton lays particular stress upon the administration of a full dose of quinia (say one gramme) on the evening before the operation, which he believes tends to diminish shock.

Mr. Callender afterwards visited the Jefferson Medical College Hospital, where Prof. S. D. Gross, among other cases, operated upon two cases of stone in the bladder by the lateral method, one being a boy of ten years, the other a man of sixty. Previous to these two operations Professor Gross had performed lithotomy one hundred and forty-seven times, with thirteen deaths, a rate of mortality of one in eleven and one half. Of seventy juvenile subjects all excepting two recovered, while in seventy-seven operations upon adolescents, adults, and older persons there were eleven deaths, a ratio of one in seven. For the last thirty or thirty-five years he has performed the lateral operation exclusively.

The Mütter lectureship of the College of Physicians is filled this year by Dr. S. W. Gross, who is giving a series of valuable lectures on the Surgical Pathology of Tumors.

Mrs. E. H. Cleveland, M. D., professor of obstetrics at the Woman's Medical College, died in this city December 8, 1878. She had many friends both in society and in the profession. A graduate of Oberlin College and of the Woman's Medical College, she received the diploma of the Hospital Maternité of Paris, where she spent some time in her studies. She was the author of a paper which was presented to the Philadelphia Obstetrical Society not long ago, and which has been published in its transactions. She had performed ovariectomy several times, and had considerable skill and experience as a surgeon.

At the medical schools the attendance is almost, if not quite, as large as last year. On good authority it is stated that the adoption of the third term at Jefferson College will not be much longer delayed. The working of the new plan at the University is claimed to be perfectly satisfactory, and increasing in favor.

PHILADELPHIA, December 17, 1878.

SHORT COMMUNICATIONS.

SANITARY ODE TO "CATARRH."

I.

CATARRH,
Ah, ah!
Must we endure
Another cure,
And more base advertisements read,
Which do disclose
About the nose
Falsehoods so vile,
We see, the while,
Worse than disease is man's accursèd greed!

II.

The nose
Was good enough
Before arose
Such stuff,
The vile excretion of a venal pen.
To breathe, to smell,
It served men well;
An organ sound
As any 'round.
Whence comes the difference 'twixt now
and then?

III.

Oh, snuff! oh, puff!
'T is very rough
All day with spray
To play away
On throat or nose,
Without repose;
And medication at such cruel rates
Can organs poor
Not long endure;
What once could smell now only insufflates.

IV.

Better away,
Nose of to-day!
Quack scoundrels ripe
In filthy type
Libel the face
Of human race.
Their words I trace —
I seem to hear their villainous hurrah,

See false eyes glare;
As they declare,
And I proceed
Their words to read.

Hear this accursèd creed: "Even *children*
have catarrh!"

V.

Oh, slander base!
Let me no more
The words explore
Of this vile race,
For visible cash, not hidden cause, who care.
Childhood's "poor nose"
Has many woes;
Whence comes *this* woe
I now will show:
"Catarrh" is latent in foul school-house air!

VI.

For in those rooms
A thousand fumes
And odors dire
Children inspire.
There by no board
Of health explored
They sit and gasp, and sigh for wholesome
airs,
While all around
They hear the sound
And the commotion
Of "air in motion
Called wind." Their airless state who
knows or cares?
Not the committee
Of many a city,
Unless this ditty
Shall move their pity
And ventilate school-houses near and far.
Let all receive
Some air to breathe;
The "school-house smell"
Destroy as well.
If they will thus comply,
No more need mothers cry,
"I do believe this child has got catarrh!"

OBITUARY. — Died in Roxbury, December 26th, James Henry Davenport, M. D., thirty-two years eight months, a graduate of Harvard University in arts and in medicine, and of Columbia College, New York, in medicine.

The career of this young physician is deserving of more than a passing notice, and we avail ourselves of the unpublished words, written for another purpose, of a friend who knew him well : —

"Never in strong health, Dr. Davenport had been for years so ill with pulmonary disease as frequently to be considered in immediate danger by experts, who years ago repeatedly asserted that he could not live from one season to the next. Against such odds he fought manfully, always aware of his condition, but never despairing.

"At the medical school he was noted for application, thoroughness, and great progress. Graduating with distinction in New York as well as at Harvard, he was at once appointed assistant physician at Deer Island Hospital, where his devotedness was a subject of general remark. Through his efforts important changes were made there in the interests of the sick poor.

"Leaving Deer Island, he established himself at the South End of Boston, where he was gaining quite a professional reputation, and was considered one of the most promising practitioners of his age. But the previously smoldering disease all at once developed, and obliged him to abandon general practice. His courage, however, did not fail him; energy he never lacked.

"He had already written valuable articles for medical journals. Becoming acquainted with the family physician of his wife's family, — a noted and reputedly successful operator for hernia, a peculiarly reticent person, who had not till then found an interpreter, — Dr. Davenport took up the study of hernia, which he could do without the exposures incident to general practice. He obtained from the operator his methods of treatment; repeated the operation until he felt confident of its value; investigated the physiological and pathological processes on which its success depended; and embodied the results of his labors in a volume entitled *The Cure of Rupture*, a work of 196 pages 12mo, noteworthy for its literary and scientific excellence. This he accomplished while in such poor health that his professional brethren were in continual wonder how it was possible for him to sustain the constant struggle for existence merely.

"Through college life and after, Dr. Davenport's chief delight had been in studies bearing upon magnetism, electricity, and thermo-electricity. To these studies he devoted all his available leisure. He kept abreast if not in advance of all the recent discoveries; and a chief trial in his departing strength continued to be the disappointment he felt in not being able to carry forward experiments which he was confident would surpass in results any yet attained.

"In yielding to the inevitable, Dr. Davenport ever showed an enduring fortitude, an uncomplaining spirit, an unshaken faith, and a resigned content worthy of all admiration.

OBITUARY. — At a meeting of the Pittsfield Medical Association, held December 23, 1878, the following resolutions were unanimously adopted : —

Whereas, It has pleased God in his infinite wisdom to take unto himself our beloved brother Dr. Charles D. Mills,

Resolved, That it is with profound sorrow that we see our circle broken by the removal of one whose kindly nature and conspicuous virtues have endeared him to us all; who was frank and courteous toward his professional brethren, kind and sympathetic toward his patients, honorable in all business relations, remarkable for his benevolence, and, above all, an active and zealous Christian.

Resolved, That, although we cannot comprehend why one so dear to us all, and so useful to the community, should be thus removed in the prime of his life and usefulness, yet we bow to the will of Him who is the fountain of wisdom and of love.

Resolved, That our heart-felt sympathy be extended to his grief-stricken wife and children, whom we commend to the loving care of our Heavenly Father.

Resolved, That a copy of these resolutions be transmitted to the wife of our deceased brother, and that they be published in the Boston Medical and Surgical Journal, and the Pittsfield Eagle and Sun.

OBITUARY. — At a meeting of the Hampden District Medical Society, in Springfield, December 17, 1878, the following resolutions were unanimously passed: —

Resolved, That in the sudden death of our late associate, Dr. H. G. Stickney, the medical profession has sustained the loss of an ardent worker, a thorough practitioner, and a true friend to the advancement of medical science.

Resolved, That by the decease of Dr. Stickney the community has been deprived of an intelligent and public-spirited citizen, and society of a genial and kind-hearted man.

Resolved, That a copy of these resolutions be transmitted to Dr. Stickney's relatives, to whom we extend our deepest sympathy in this hour of their affliction, to the daily papers of this city, and to The Boston Medical and Surgical Journal.

G. S. STEBBINS,
G. W. DAVIS,
T. F. BRECK. } Committee.

A true copy. Attest: F. W. CHAPIN, *Secretary Hampden District Medical Society.*

COMPARATIVE MORTALITY-RATES.

	Estimated Population, July 1, 1878.	Deaths during week ending Dec. 21, 1878.	Annual Death-Rates per 1000 living.		
			For the Week.	For the Year 1877.	Mean for ten Years, '68-77.
New York.	1,093,171	475	22.60	23.42	28.71
Philadelphia.	876,118	286	16.98	18.80	21.54
Brooklyn.	549,438	227	21.50	21.51	25.50
Chicago.	460,000			17.83	22.39
Boston.	375,476	152	21.05	20.10	24.34
Providence.	100,000	32	15.64	18.81	19.20
Lowell.	55,798	11	10.24	19.09	22.50
Worcester.	54,937	21	19.89	20.06	22.30
Cambridge.	53,547	22	21.36	18.69	20.83
Fall River.	53,207			21.35	24.96
Lynn.	35,528	8	11.71	20.42	19.67
Springfield.	33,981	5	7.66	16.02	19.77
Salem.	27,140	15	28.74	20.38	21.15

THE METRIC SYSTEM IN MEDICINE.

OLD STYLE.

℥i. or gr. i. equals
ʒi. or ʒi. equals
ʒi. or ʒi. equals

METRIC.

Gms.

.06

4

32

The decimal line instead of *points* makes errors impossible.

As .06 (Drug) is less than a grain, while 4. and 32. (Vehicle) are more than the drachm and ounce, there is no danger of giving too large doses of strong drugs.

C. C. used for Gms. causes an error of 5 per cent. [excess].

A teaspoon is 5 Gms.; a tablespoon, 20 Gms.

ANNOUNCEMENT.—We take pleasure in informing our readers that in addition to the valuable services of our assistant editor, Dr. G. B. Shattuck, in Boston, Dr. Frank Woodbury, of Philadelphia, will act in a similar capacity as our representative in that city. Dr. Hamilton Osgood will continue his contributions, which have so materially added to the interest of our pages, as will Dr. G. W. Gay, of this city, and Drs. P. Brynberg Porter, of New York, and Norman Bridge, of Chicago.

BOOKS AND PAMPHLETS RECEIVED.—Zur Therapie der Chronischen Metritis. Von Dr. A. Martin. Berlin. 1878.

Series of American Clinical Lectures. Edited by E. C. Seguin, M. D. Vol. III. No. 11. Two Lectures on Lister's Antiseptic Method of Treating Surgical Injuries. By James L. Little, M. D. Vol. III. No. 12. The Diagnosis of Progressive Locomotor Ataxia. By E. C. Seguin, M. D. New York: G. P. Putnam's Sons. 1878.

Thirty-Eighth Annual Announcement of the Missouri Medical College, formerly known as "McDowell College." St. Louis, Mo.

The Mechanical Treatment of Sterility. A Paper read before the Maine Medical Association, June 11, 1878. By S. C. Gordon, Jr., M. D. Portland.

The Principles and Practice of Surgery. By John Ashurst, M. D., Professor of Clinical Surgery in the University of Pennsylvania, etc. Second Edition. Philadelphia: Henry C. Lea. 1878.

Fourth Annual Report of the Officers and Superintendent of the Asylum at Walnut Hill, Hartford, Conn. 1878.

The Development of the Nervous Tissues in the Human Embryo. By Dr. H. D. Schmidt, Member of the American Neurological Association. Chicago. 1877. (Journal of Mental Diseases.)

The Structure of the Colored Blood Corpuscles of the Amphiuma Tridactylum, the Frog, and Man. By Dr. H. D. Schmidt.

Case of Repeated Attacks of Apoplexy, with Aphasia. Dr. H. D. Schmidt. (Journal of Mental Disease.)

Ninety-Sixth Annual Catalogue of the Medical School (Boston) of Harvard University, 1878-79. Cambridge: University Bookstore. 1878.

Quebec Lunatic Asylum, Province of Quebec. Report for the Year 1876-77.

The Prophylaxis of Puerperal Convulsions. By E. S. Dunster, M. D. (Toledo Journal.)

Sugar Frauds and the Tariff. By Henry A. Brown, Saxonville. 1879.

Clinical Lectures on Diseases of Bone. By C. Macnamara. London: Macmillan & Co. 1878.

On Gastro-Elytrotomy. By Henry J. Garrigues, M. D. (Reprint.) New York: D. Appleton & Co. 1878.

Ein Fall von Carcinoma Conjunctivæ. Von Dr. Albert N. Blodgett. Krankengeschichte von Dr. Derby. Graefe's Archiv für Ophthalmologie, xxiv. 3.

The Scientific American Handbook and Catalogue, 1879. New York: Munn & Co., Publishers.

Annual Report of the Pennsylvania Free Dispensary for Skin Diseases. Philadelphia. 1878.